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ORIGINAL ARTICLES.

CONTAGIONS AND EPIDEMICS IN AMERICA.

BY WM. MORROW BEACH, M.D., OF LONDON, O.

The Address of the Retiring President Read before the Second Annual Meeting of the Ohio State Sanitary Association, held at Columbus, Ohio, February 5 and 6, 1885.

In the collation of the facts contained in this paper I have drawn from a great variety of sources. The first epidemic to which I allude is one usually referred to in histories of the North American continent, and in nearly all monographs upon the subject of ancient mounds and mound-builders, in explanation of the obscurity of their origin, and the theory that the builders became extinct by a great pestilence. But the first pestilence on this continent, of which we have undisputed proof, occurred among the Aborigines of the eastern coast, in 1617. How general this epidemic was remains an uncertainty; but in 1618-19 Captain Dermer, an English adventurer, wintered among the Indians; and as he coasted southward in the spring towards Virginia, he stopped in several towns that he had visited the season before. He says he found many Indian towns "totally depopulated." In other towns a few remained alive, but not "free of sickness." The disease, he says, was the "*plague*, for we might perceive the sores of some that had escaped, who described the spots of such as usually die."

In a sermon preached in Plymouth, Massachusetts, by Elder Cushman, in 1620, and which was published in London, mention is made of this epidemic. He says "they (the Indians) were very much wasted of late by a great mortality, that fell amongst them three years since, which, with their own civil dissensions and bloody wars, hath so wasted them, as I think the twentieth person is scarce left alive."

This epidemic spread along the coast from Naraganset to Penobscot. Plymouth settlers who went to Massachusetts bay to buy corn, "found among the Indians" (in 1622) "a great sickness not unlike the plague, if not the same." The Plymouth settlers found the "bones of many who had died, still unburied."

In 1633 a "pestilent fever" carried off 20 of the Plymouth settlers, and the small-pox appeared among the Indians with great mortality. It spread from Naraganset to Piscataqua, and westward to the Connecticut river.

In December, 1638, a general fast was observed by the Plymouth settlers, one of the reasons for which was on account of the prevalence of "small-pox and fevers."

In 1647 an epidemic *catarrh* appeared in America. There died in St. Kitts and Barbadoes 6,000 each.

In 1655 appeared the second epidemic of catarrh. It was general in New England.

In 1659 the *cynanche trachealis* prevailed.

The legislature of Connecticut, in 1662, appointed a day of supplication "for the abatement of the sickness in the country" and "a supply of rain in time of drouth."

In 1666 the small-pox raged in Boston; and sickness, attended with great mortality, in New York.

In 1667 the small-pox prevailed in Charlestown, Mass., with the mortality of a plague.

In 1678 the small-pox prevailed in Boston, malignant diseases were general, and a blight fell upon fruits.

In 1692 a malignant fever visited Jamaica and Barbadoes, upon which islands 3,000 in each perished in that year.

In 1693 the fleet, under Sir Francis Wheeler, which was sent for the subjugation of Martinico, was seized with the "American plague" (doubtless yellow fever) and three-fourths of the seamen and soldiers perished.

In 1697–98 an epidemic *catarrh* was general; and *pleurisy*, as an epidemic, followed in 1698.

In 1699 in Charleston, S. C., and in Philadelphia the *yellow fever* raged with unprecedented mortality. It was called the "Barbadoes Distemper." The patients "vomited and voided blood." In Charleston the "principal officers of the government, one-half the members of the assembly, and many citizens died." This disease appeared in August, simultaneously in both places, and abated as winter approached.

In 1702 the general court of Boston adjourned to Cambridge, on account of the mortal small-pox, in Boston "attended with a sort of scarlet fever." In this year the assembly of New York met at Jamaica, Long Island, on the account of the prevalence and great mortality of yellow fever in New York city. It was called the "great sickness," and scarcely a patient recovered.

In 1712 epidemic *pleurisy* again prevailed throughout New England; and again in 1719 it prevailed in Hartford, Conn.

In 1720 the *yellow fever* devastated some of the towns in the State of Delaware; and, in 1723, in Martinico and Barbadoes.

In 1723, in Rhode Island, prevailed the "*burning ague*," as mortal as a plague; and in 1728 *yellow*

had, he said, proved very unfavorable. The chief difficulty in its application had appeared to be the difference between the epithelium of mucous membrane and the epidermis, and the impermeability of the latter. There was no possibility of finding a liquid which would pass the epidermis with the same facility as the watery solution passed the epithelium; but it had occurred to him that if a preparation could be made which would pass one-seventh as fast, and if it were made seven times as strong, the conditions would seem to be met for making as successful applications of cocaine to the skin as to the mucous membrane, with the exception that more time would be required, of course, in order to secure the action of the drug. He then gave an account of the various steps by which he had arrived at what he believed to be the most available preparation for use, viz.: one containing 25 per cent. of cocaine, in an excess of oleic acid, a strength just about seven times as great as that of the ordinary 4 per cent. aqueous solution sold in the shops; after which he narrated a considerable number of experiments which he had performed for the purpose of testing the anæsthetic power of the oleate when applied to the skin. He stated that the conclusion thus reached was, that the hope which had been entertained that cocaine employed in this way might prove a useful anæsthetic, had been completely disappointed. Except for certain special applications, as, for instance, to the glans penis, anus, etc., and possibly for the relief of trigerminal neuralgia, in which it had not yet been tried, the oleate of cocaine had to be pronounced a useless preparation.

After the scientific proceedings, a very interesting portion of which was the discussion which followed each of the papers, a bountiful collation was spread in an adjoining room. P. B. P.

TREATMENT OF THE INSANE.

EDITOR JOURNAL AMERICAN MEDICAL ASSOCIATION:

Dear Sir:—The question of the proper treatment of the insane is one which has been ably discussed by specialists and others supposed to be particularly familiar with the subject, and should, therefore, be warily spoken of by the non-expert. But there are some things which common sense teaches where (alleged) science is dumb. Some of these things are likely to strike one with particular emphasis upon his first visit to an institution for the care of insane. The realization of facts is peculiarly vivid, and one receives an impression of the condition of things which is, as yet, not deadened by constant contact. Perhaps such impressions are fanciful and born of sentimentalism; if so, the ever alert and practical boards of charities, etc., will see through their flimsiness and brush aside their sophistries, and they will melt quickly away before the blazing sun of science; if they are real, publicity is desirable. I had the unfortunate occasion recently to take to an asylum for the insane a young man suffering from mental derangement, though quite sufficiently intelligent to understand the cause of his condition, the necessity for its alleviation, and to express a desire to go to the asylum for its treatment. Upon his arrival there he was placed in a ward with some forty or fifty others, none of whom were more intelligent than he, many of whom were much less so, and locked into their company to enjoy the benefits and felicity of their refining and elevating intercourse and conversation. Undoubtedly locks and bolts are necessary in the vast majority of cases, but discrimination is desirable even in insane hospitals. To one who goes there of his own will, and for an understood purpose, conscious of his mental defects and anxious for their relief, they are not only useless, but abhorrent, and tend to destroy what little self-respect and self-reliance the weakened mind is capable of feeling. Whatever his other needs may be, a patient of this kind certainly *does not* need the influence of surrounding minds as deficient, or more deficient than is his own; and to be confined, virtually a prisoner, with his days and his nights a constant routine of alleged pleasures and certain contact with his mental kind, many be a scientific way for the treatment of some insane, but practically I apprehend it is a pitiable failure so far as results are concerned. I will only trouble you to speak of one more point, and that is, the fact that asylum managers should be men of large experience in the general treatment of disease. I hold that one, whatever his natural abilities, cannot graduate from college a full-fledged specialist in the treatment of the insane. When we remember the study and research which has for years been devoted to this subject, its importance as a public charity, its relations to the unfortunate beings who made its existence necessary, it is nearly a mockery to find at the head of one of these institutions, containing 500 or 600 people, a man of small experience in years, absolutely none in the general practice of medicine, and, as I am credibly informed, only three or four years a graduate of a medical school. Comment would appear to be superfluous; but as the craze now is for specialism in medicine, this institution seems to afford its realization; is, indeed, its utopia.

I am, yours truly,

J. B. STAIR.

DETROIT, MICH., Feb. 17, 1885.

TO THE EDITOR OF THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION:

In your issue of February 14, there is a review of the 2d edition of my "Manual of Bandaging," signed by "E. W. A." As this review contains statements that are far from the truth, I ask you for the liberty of replying.

The reviewer starts with the assertion that the book "is full of references to charpie, plumasseau, gateau, boulette, bourdonnet, cataplasma carbonnis, and other strange and barbaric things which modern surgery has no use for."

In reply to this charge, permit me to say that on just *three*, no more, pages of the book, where their definitions and descriptions are given, do these terms occur; hence this statement of the reviewer is decidedly untruthful. Neither was I aware before that such pharmaceutical terms as "cataplasma carbonis,"

"charpie," etc., were "barbaric," since these terms are found in all our standard works upon pharmacy and surgery.

Another misstatement is the following: "The preface informs us that the work has been used in medical colleges, *but there must be some mistake about this.*" (Italics mine). As the reviewer is so ready to assert that I was mistaken when I wrote this statement for my preface, I would refer you, to confirm *my* correctness, to the catalogues of the two Schools of Medicine at Ann Arbor, Mich. It is not necessary to name others, as I might do, in order to show the incorrectness of *his* statement.

As to the assertion "that a student who should make this manual his authority would be a veritable Rip Van Winkle," it can be best answered that the very day your *Journal* was received an order came from a Chicago house for *ten* of these "Rip Van Winkle" books, this being the *third* shipment of them to your booksellers this winter; also, just a short time previously, fifteen copies were ordered by the house surgeon of Mt. Sinai Hospital, New York city, for their nurses; that one edition of the book has been sold, and that the second is now nearly exhausted.

As to the fault found because I used scientific terms to name a bandage, I would say that *only* anatomical terms are made use of, and I do not hold myself responsible for the terms other generations have given the different portions of the human system. I simply made use of these terms because I supposed the merest tyro of a medical student knew his anatomy sufficiently well to know what I meant when speaking of, for instance, the "occipito-sternal triangle." To aid such as "E. W. A.," who object to anatomical terms, I have always given the *common* name of the parts covered by the bandage when such has been possible; and rarely, I am free to say, has the common name been as plainly descriptive of the bandage as has the anatomical. If one knew little or nothing of anatomy, then the common name, which "E. W. A." seems to prefer, would be the one to use.

Your reviewer also states that I purloined or compiled my Manual from "one or two little works on bandaging which are still extant upon the shelves of older practitioners."

This is a grave charge, Mr. Editor, and I pronounce it as absolutely false, and call upon "E. W. A." for the names of these "two little works."

Yours truly,

C. Henri Leonard.

Providence, R. I., Feb. 18, 1885.

Editor Journal American Medical Association: Will you please notify the delegates to the American Medical Association from New England that arrangements have been made to run a special train from Boston to New Orleans for the accommodation of physicians and their families. Leaving Boston on Friday, April 24, at 3 P.M.; Worcester at 4.20; Springfield at 6.15, arriving in New Orleans on Monday 27th, at 9 A.M. Returning, leave New Orleans Friday, March 1, about 6 P.M. The fare for the *round trip* will be from Boston, $41.50; Worcester, $40; Springfield, $38.50. Further particulars and tickets to be procured from Dr. W. E. Anthony, Providence, R. I.

Respectfully yours,

W. E. Anthony, M.D.

NECROLOGY.

William Braithwaite, M.D., the well-known English physician and surgeon, and the founder of *Braithwaite's Retrospect*, died recently at his home in Leeds, in his 78th year. He commenced the practice of medicine in Leeds in 1830, and filled several posts of trust in the hospitals and infirmaries of that city. The first number of his *Retrospect of Medicine* appeared in 1840, and has now reached the 90th volume. It has been republished in America for several years, and is as widely-known and valued here as in England. The publication will be continued under the direction of his son.

MISCELLANEOUS.

Micro-organisms and the Germination of Plants.—M. Duclaux has recently sent a communication to the Académie des Sciences on "The Germination of Plants in Soil Freed from Micro-organisms." He chose for his experiments the Dutch pea and the haricot bean, the first of which has its cotyledon in the earth, the second on the surface. The soil having been sterilized before the seed was sown, germination did not take place. This soil was also covered with milk, but this was not altered. Thus it seems that it is essential to germination that there be micro-organisms in the earth.

Mr. Pasteur thus also states that he has found, by experiment on animals, that food which is free from micro-organisms cannot be digested, as they are necessary to the process of digestion.

The Massachusetts Emergency and Hygiene Association, says the Boston *Medical and Surgical Journal*, February 26, 1885, has prepared a course of five lectures on School Hygiene, to be delivered in the hall of the English High School in Boston. They are: "Heating and Ventilation," by F. W. Draper, M.D.; "The Use and Care of the Eyes, especially during School-years," by C. H. Williams, M.D.; "Epidemics and Disinfection," by G. B. Shattuck, M.D.; "Drainage," by Frank Wells, M.D.; and "The Relations of Our Public Schools to the Disorders of the Nervous System," by Charles F. Folsom, M.D.

The Yellow Fever Microbe.—The *Lancet* states that recent experiments made by Messrs. Mozly and

Harrison have served to throw discredit on the conclusions of Dr. Domingo Freire, of Rio Janeiro, who has been so loudly praised by the lay and medical press as the discoverer of the pathogenetic element of yellow fever, the *micrococcus xanthogenicus*. According to these observers he has mistaken septicæmia in the lower animals for yellow fever, which confirms the observations of the Havana Yellow Fever Commission of the National Board of Health.

"BABYHOOD" is the title of a new, large, double-column monthly of thirty-four octavo pages, well illustrated, full of good and practical reading matter, and devoted exclusively to the care of infants and young children, and to the general interests of the nursery. It is under the editorial charge of Leroy M. Yale, M.D., and Marion Harland, of New York. The subscription price is only $1.50 a year, and its office is 18 Spruce street. It is essentially a family magazine.

FIREPROOF INSANE ASYLUMS.—The Boston *Medical and Surgical Journal*, of February 19, says: Why should not Massachusetts, at least, have a law in her statute-books that no new building should be occupied as a dwelling-place for any of those in her care until a report had been made in writing to the Governor by a proper board of fire experts that it was fireproof and thoroughly provided with fire apparatus?

COCAINE DISKS.—Dr. Joseph E. Warren, of Boston, suggests that the most convenient form for using muriate of cocaine in ophthalmic practice is that of gelatine disks. He has used these disks with much satisfaction. Each one contains about half a drop of an 8 per cent. solution (gr. $^1/_{20}$). This is a more economical method of applying the drug than that of using a solution.

THE TURIN PRIZE.—The Royal Academy of Turin will award a prize, in 1886, of $900 to the author of the best work that appears between 1883 and 1886, on any subject connected with physics, chemistry, physiology, geology, geography, or statistics; or to the author of a brilliant and useful discovery. This prize is open to competitors of all countries.

NEPHROTOMY AND NEPHRECTOMY IN MINNESOTA.—Dr. Berry, of New Ulm, performed the operation of nephrotomy almost two years ago, with success. Dr. French, of Minneapolis, performed both nephrotomy and nephrectomy in 1884; and Dr. Wheaton, of Minneapolis, has recently had a case of nephrotomy.

ADULTERATIONS IN QUININE.—Dr. Cyrus Edson, of the New York Health Department, has been buying quinine at forty or fifty drug stores, and the city chemist has discovered that many of the samples are greatly adulterated. In some cases the adulteration of what had been sold as a pure article amounted to 50 per cent.

DRS. KOCH AND KLEIN.—The *British Medical Journal*, of January 31, in giving a *résumé* of Dr. Klein's report from India on the cholera bacillus, states that Dr. Koch appears to recognize that he has not established the fact that the comma-bacillus is the cause of cholera, and that he proposes to return to India to make further investigations, at the earliest date that his duties in Berlin will permit.

CANCER A FREQUENT CAUSE OF DEATH IN HORSES.—The *Indian Medical Gazette*, quoted by the New York *Medical Record*, says: As in England, melanotic cancer is an ordinary cause of death in Bengal among gray and white horses. We can scarcely drive through Calcutta without seeing animals having the characteristic globular tumors beneath the skin.

THE SECRETARY OF THE WEST VIRGINIA STATE BOARD OF HEALTH.—Governor Jackson has appointed Dr. L. D. Wilson to the office of Secretary of the State Board of Health, *vice* Dr. James E. Reeves, resigned.

ISOLATION OF PHTHISICAL PATIENTS IN AUSTRIA.—The Austrian Government has recently ordered that all phthisical hospital patients be isolated, and that such precautionary measures as necessary be adopted against the extension of the disease.

A NEW MEDICAL JOURNAL.—The *Eco Cientifico de las Villas* is a semi-monthly journal, which has recently commenced publication in Sagua la Grande, Cuba. It is edited by Dr. Augustin W. Reyes, and is devoted to medicine and agriculture.

FRENCH MICROBIOLOGICAL LABORATORIES.—The French Government has recently sent M. P. Gibier to Germany for the purpose of studying the organization of laboratories of microbiology.

PROFESSOR BIRCH-HIRSCHFELD, of Dresden, has been appointed to the chair of Pathological Anatomy at Leipzig, the chair made vacant by the death of Professor Cohnheim.

THE annual meeting of the Louisiana State Medical Society will be held in New Orleans, on April 21, 22 and 23.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE WEEK ENDING FEBRUARY 21, 1885.

Battle, K. P., Assistant Surgeon, to proceed to Pittsburgh, Pa., for temporary duty, February 19, 1885.

RESIGNATION.

Heath, W. H., Passed Assistant Surgeon, resignation accepted, as tendered, by the Secretary of the Treasury, February 14, 1885.

PROMOTION.

Kalloch, P. C., Assistant Surgeon, promoted and appointed Passed Assistant Surgeon by the Secretary of the Treasury, from March 1, 1885, February 19, 1885.

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In 1702 the general court of Boston adjourned to Cambridge, on account of the mortal small-pox, in Boston "attended with a sort of scarlet fever." In this year the assembly of New York met at Jamaica, Long Island, on the account of the prevalence and great mortality of yellow fever in New York city. It was called the "great sickness," and scarcely a patient recovered.

In 1712 epidemic *pleurisy* again prevailed throughout New England; and again in 1719 it prevailed in Hartford, Conn.

In 1720 the *yellow fever* devastated some of the towns in the State of Delaware; and, in 1723, in Martinico and Barbadoes.

In 1723, in Rhode Island, prevailed the "*burning ague*," as mortal as a plague; and in 1728 *yellow*

fever in Charleston, of a pestilential type; and malignant measles and epidemic *pleurisy* in portions of Connecticut and Massachusetts.

Small-pox was in Boston in 1730, and in 1731 in New York, as epidemics.

In 1732 epidemic *catarrh* was universal in America, and the following year spread over the whole earth.

In May, in 1732, appeared at Kingston, New Hampshire, a disease among children, commonly called "*throat distemper.*" The disease was very malignant, with swelling of the throat, with white or ash-colored spots, an efflorescence on the skin, great debility of the whole system, and a tendency to putridity. Of the first forty patients *all died.* In August it appeared in Exeter; in September, in Boston, fifty miles distant, and continued to spread from place to place through that and the succeeding year, and passing to the southward it literally *stripped the country* of children. Although *very infectious*, yet it spared not the most sequestered spot, without any possible communication with the sick. In many families all the children died. It spread westward as least as far as the Hudson river. In 1737, while this *angina maligna*—for such it doubtless was—was spreading over the northern part of America, yellow fever was prevailing in Virginia, and epidemic *influenza* became universal—prevailing also in the West India Islands.

In 1739 the small-pox was in New York, and the yellow fever in Charleston, followed by measles over the whole continent.

In 1740 yellow fever was in Philadelphia and Virginia, followed, in 1742, by a universal epidemic of *angina maligna.*

In 1743 yellow fever again prevailed in New York, and in 1745 it was in Charleston, S. C. In this same year a malignant *dysentery* carried off *seventy* persons at Stamford, Conn., and one of the peculiarities of the epidemic was that it was confined *to one single street.* In this same year Albany, N.Y., was visited by a malignant fever, in which some of the patients turned yellow, and many who recovered were *left imbecile.* The Mohican Indians suffered severely by the same disease. Dysentery, of an epidemic character prevailed, also, in many localities.

In 1747 epidemic catarrh became universal, while yellow fever prevailed in Charleston and Philadelphia.

In 1749 dysentery and the "*nervous long* fever" prevailed in Connecticut, with great mortality. This was probably what we now call *typhoid fever.* It was then considered contagious, but there were many who had it contracted it from "the pestilential condition of the atmosphere."

In 1751 *dysentery*, in an epidemic form, and also *angina maligna*, became general, and prevailed for several years.

In 1755, in one town on Long Island, but two children were left alive—all else having died of *angina maligna!*

In 1760 *pleurisy* was again epidemic in Connecticut, and in 1762 yellow fever prevailed in Philadelphia.

In 1763 the Indians on Nantucket and Martha's Vineyard suffered severely by yellow fever—two-thirds of their whole number dying in that year.

In 1770 angina maligna prevailed from Boston to Jamaica and West India Islands, followed in 1772 by epidemic catarrh.

In 1773 measles became general, and was characterized by secondary fever and tedious convalescence, attended with excessive expectoration. It seemed "that some discharged to the amount of their weight."

But the most fatal disease was the *cynanche trachealis*, or "bladder in the throat." In general there was little canker, but excessive bronchial and pulmonary secretion—very tenacious, and generally fatal. In some towns but few recovered. This was followed by an epidemic of *dysentery*, which was very fatal, ending in gangrene on about the third day.

In 1774 *scarlatina anginosa* was in Philadelphia; and in 1775 *cynanche trachealis* spread all over the northern part of America.

In 1776 epidemic *dysentery* appeared among the troops at New York and Ticonderoga; and in 1777 there were 4,000 cases of small-pox among the soldiers at Crown Point, Vermont. From this time on until the close of the Revolution, epidemics of *measles*, *scarlatina* and *angina maligna* prevailed to a greater or less extent. Measles, in New England, was of a very malignant character—usually of the kind called "black measles," and inclining to gangrene and putrescence. My impression is that this and some other diseases assumed the putrescent type, from the habitual use of *corn bread*, the grain of which did not fully mature in New England, but more particularly the habitual use of *rye bread*, in which flour there was a mixture of "blasted rye," or ergot.

In 1789 epidemic *influenza* became so general that it spread even to the solitary Indian in his hut in mid-wilderness. In Philadelphia, according to Dr. Rush, this influenza, in September, seemed to swallow up or absorb the prevailing scarlatina anginosa; but as winter approached it was succeeded by the scarlatina. The scarlatina which was epidemic in Philadelphia in 1789, did not reach New England until 1791, before which time it had been little known in that part of the country.

In 1790 *catarrh* again became universal; and in the following year it assumed a type of great severity in Pennsylvania and Virginia. In this same year, 1791, yellow fever reappeared in New York, and the remittents in Philadelphia assumed a type like hepatitis, as though the disease was modified by, or was possibly a full cousin to the prevailing yellow fever of New York.

In 1792 yellow fever was again in Charleston, S. C., and *scarlatina anginosa* was general in New England.

In 1793 in Philadelphia, appeared *influenza*, *scarlatina*, and mild *remittents*, in the order named, and late in summer they all disappeared or were *merged into* the prevailing epidemic of yellow fever. The latter disease carried off 4,040 persons in that season in Philadelphia alone.

In 1794 the yellow fever appeared in New Haven,

Conn., and spread along the coast; but in the following season, 1795, an epidemic *dysentery* carried off more people than had died of yellow fever during the preceding season.

In 1796 epidemic *dysentery* prevailed in Wilmington, North Carolina, which seemed to merge into, or was succeeded by, yellow fever. Yellow fever also prevailed in Charleston, Philadelphia, New York city, Newburyport and Boston.

In 1797 it was again in Charleston, Norfolk, Baltimore and Providence, Rhode Island. In this same year, *pleurisy* and *peripneumonia* became epidemic in some localities. In this same year *dysentery* was experienced in Portland, Maine. Some had yellow bodies; but, as some lived as long as thirty-six days, it is presumable it was an epidemic of dysentery assuming a typhus or malignant form.

In 1798, catarrhal fevers were general during the spring months; but later in the season, the most general epidemic of *yellow fever* that has ever visited this country supervened. It appeared in Philadelphia and in Boston in June, and did not break out in New York until August. This epidemic was not confined to cities, towns or villages, but became *general;* and in New York, toward its close, many had buboes and carbuncles, as in *true plague*. In New York 2,000 died of the disease, and it was everywhere esteemed *contagious*, although it had spread without any known means of communication unless it was the pestilential condition of the atmosphere.

The "jerks" first appeared at the "Cane Ridge" camp-meetings, in Kentucky. Peter Cartwright, the eminent pioneer of Methodism, says in his autobiography, that at Cane Ridge sometimes as many as 2,000 persons would all be jerking at once. Lorenzo Dow leaves a vivid description of it as it appeared in Tennessee. In clearing off a camp ground for one of the meetings he held there, the people cut off all the sapplings about six feet high, leaving the stubs *to jerk by!* His description of it at Knoxville, Tenn., bears date of 1803; but it appeared at Cane Ridge earlier. This singular disease did not seem to arise from the exaltation of religious fervor or excitement; for scoffers were often the first ones seized, and the most violently affected. The disease became somewhat general, I suppose, as I have heard my mother describe how the women's hair combs would fly, and how their hair would *crack*, like the ox-man's whip! and her knowledge of it was as it appeared to her in the province of Maine, I suppose, for she was there during her childhood. The latest epidemic of it, of which I have any account, was in McLean county, Illinois, in 1866, a description of which was sent me by a personal witness at that time.

The Asiatic cholera visited us in 1817–19, and again in 1832. The latter visitation appeared at Quebec, June 8, 1832; at Montreal, June 10; and thence pursued a rapid course up the St. Lawrence to the Great Lakes and the Valley of the Mississippi. Another column of it attacked New York on the 24th of June, and in its northward march laid siege to Albany on the 3d of July. The southward column, from New York, spread down the Delaware and Chesapeake bays, reaching Philadelphia on the 5th of July, and Baltimore in the course of the same month. In November it appeared on an island off Charleston, S. C.; in February, 1833, in Havana; and before the close of the year it had overspread Mexico.

From 1841 to 1846, an epidemic of erysipelas of the throat, usually called "black-tongue," spread all over the United States. It was not infrequently complicated with pleurisy, peritonitis, meningitis or pneumonia. It was generally of an asthenic character, attended in some cases with œdema of the glottis and larynx, and suppuration of the glands of the throat.

The Asiatic cholera again visited us in 1848, invading New Orleans by way of immigrant ships from Havre, France. It spread along the Mississippi river, one column marching westward from St. Louis along the great overland route to California, strewing this obscure highway with the bones of more than 1,000 of those adventurous argonauts, besides other hundreds of Indians who were attracted along the route from curiosity. Another column marched eastward from Cairo, along the Ohio, reaching central Ohio about June, 1849.

During this epidemic 5,000 persons perished of it at Kingston, Jamaica, and in that island its devastations reached to Radner, and at other points in the parishes of Port Royal and St. Andrew,—3,000 feet above the level of the sea. In 1849 it prevailed here in the city of Columbus, and among its victims were Doctors Taylor, Gard and Butterfield,—physicians who stood at the head of the profession. In the months of June, July and August, 1850, there were *fourteen hundred* deaths by it in Cincinnati alone. In Ohio the epidemic, in many localities at least, invaded the country districts. In the village of Amity, Madison county, and its surroundings, about one-fifth of the population perished within three weeks.

The deaths in the United States probably reached 200,000; and it did not disappear entirely until after 1855.

In 1853 an epidemic of *yellow fever* prevailed in the lower Mississippi Valley. At New Orleans, in June, July and August, there were over 16,000 cases in the different hospitals alone, of whom over 8,000 died.

During the time of the civil war our armies were generally spared from any scourges from epidemic causes. This seems unaccountable, especially under some circumstances—as, for instance, within the stockade at Andersonville. There, from March, 1864, until April, 1865, 49,485 prisoners were received. The largest number in at any one time was 33,006. A small stream running from west to east passed through the inclosure. The borders of this stream soon became a quagmire; and there was drawn a line around the entire inclosure, nineteen feet from the inside of the stockade. This was the "dead line," beyond which none might pass without being summarily shot. Deducting the quagmire and the space beyond the "dead line," there remained to 30,000 prisoners about seventeen square feet to the man. A small shed, covered, but never inclosed,

was the only shelter ever furnished for all these thousands within the stockade. That these unfortunate thousands did not fall victims to some sweeping pestilence seems to set at defiance all known laws of health; but while 12,962 were carried out for burial, 3,952 are reported as having died of diarrhœa, 3,574 of scurvy, 1,648 of dysentery, *1,268 of unknown causes*, of anasarca 377, typhoid fever 229, pneumonia 221, debility 198, intermittents and remittents 177, *gunshot 149*, pleurisy 100, bronchitis 93, rheumatism 83, varioloid 63, gangrene 63, catarrh 55, ulcers 51, and phthisis 36.

At Wilmington, North Carolina, just before the war closed, 10,000 of our men were brought in from Confederate prisons. They were carried by rail; and when night approached the trains were stopped and the prisoners *corraled* until morning. From one train-load, on the night before reaching Wilmington, 30 were left dead in the *corral*. At Wilmington, those who were able for transportation were sent north, whilst the others were cared for in and around the city. An epidemic—somewhat like a *typhus*—sprung up in the city. For over a month the death rate was about 120 a day—60 soldiers and 60 citizens! This disease followed our moving columns out into the country. At Goldsboro, Raleigh and Salisbury, within about one month I had about 140 soldiers detailed as division hospital nurses, *not one of whom*, I think, escaped from contracting the disease.

As a sample of its occasional malignancy, I recall one case. Dr. W. A. Spain, of the 80th Indiana Volunteers, who had but recently gone on duty at division hospital, approached my tent one day and said, humorously, that a new nurse from his regiment was certainly a *character*. The nurse had taken him into a tent, and carefully removing his shoe and stocking, had shown him an eschar reaching obliquely across his entire instep, which he said he had voluntarily made to avoid going into battle. Another eschar was shown which he said was made for like purposes, on another occasion. Upon which he deliberately drew on his stocking and shoe and went off to his duties. I told the Doctor that I supposed the case he had described was similar to several I had seen in the hospital—and that most likely—as the eschars were old and white—they had been received in childhood,—that his temperature was probably as high as 110°, his pulse frequent and weak, and his death not more than thirty-six hours ahead. The man was found on duty, after a long search for him, and my predictions found to be true as to disease,—and the second morning thereafter he was buried.

In 1866 emigrant ships again brought *Asiatic cholera* from Havre to New York. It spread all over the United States, and as far west as the Smoky Fork, in Kansas.

The next great epidemic was of *yellow fever*, in 1878. It spread along the Mississippi valley, from New Orleans as far north as the Ohio river, and up to Gallipolis. It was not confined to the cities along the Mississippi river, but invaded towns, villages and hamlets; and even the laborer and his family, in the most sequestered places in Louisiana, Mississippi and middle and western Tennessee, were stricken by the disease. Probably 30,000 persons, in all, were affected by the disease.

During the winter of 1881–82 small-pox prevailed as epidemics in San Francisco and Chicago. A number of cases, in each city, that proved fatal, were in persons who had had previous attacks and were left badly marked by the first seizure.

In 1882–83 it was epidemic in Cincinnati, where about 4,000 cases occurred, with an aggregate of 1,600 deaths.

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I think it *impolitic*, as well as dishonorable, for sanitarians to claim too much power in the avoidance or suppression of epidemics. Diseases that are *infectious* alone are always avoidable; and most diseases that are *exotic*, by proper caution and untrammeled liberty of action, can be prevented from obtaining a foothold at any point along our coast or on our borders. But there seems to be a subtlety about scarlatina, diphtheria, epidemic cerebro-spinal meningitis, and a few others not yet fully comprehended; and all are probably *endemic*.

As to measles, whooping-cough, chicken-pox and mumps, they are among our milder contagious, and should probably not be avoided at all, unless it is for the purpose of postponing an attack until a more favorable part of the season. They are usually considered as diseases of childhood,—probably from the fact that they are easy of communication, and not avoided as other more deadly contagions are, and so overtake us before we are out of childhood; and, possibly, because they may be *spontaneously originated*, and then become epidemic.

It was probably demonstrated to the satisfaction of most surgeons, in the late civil war, that measles could be and often was *originated* by placing soldiers to sleep on damp straw. But whatever are the facts connected therewith, I look upon it as being as much the duty of parents to see their children safely through these common contagions, as to care for them through their period of teething, or to see to their education, or any other parental duty that fits them for the great battle of life. It should be looked upon as *destiny* to suffer from these milder contagions at some time in life; and as fewer die of them in childhood, in proportion to numbers, than die of them after maturity, it is better to have them in childhood, when loss of time counts for nothing, and home nursing is assured, than to wait until maturity, when, if the attack be fatal, the cost of raising would all be thrown away!

That *yellow fever*, of a sporadic character, sometimes originates in the United States, is probable; but if these sporadic cases are *genuine yellow fever*, there is no evidence that any of them have ever proved *foci* for an epidemic, or have ever proven infectious at all. At this age of the world, infectious yellow fever is a native of the West India islands, and epidemic Asiatic cholera a native of India.

A returned missionary of the Methodist Episcopal church, Mrs. Mary A. Scott Badley, who had been ten years at Lucknow, told me last year that in India

sporadic cases of cholera were *usual*. For instance, a wayfarer, weary, footsore and half-famished, would pluck an over-ripe cucumber from the tree and eat it, and by morning be dead of cholera as the result of his indiscretion; and yet these cases were not considered infectious or contagious, but that epidemics spread from cases occurring in crowded marts or great assemblages,—as they always do from the great congregations of religious pilgrims at Hurdwar.

But, from the careful study of most of the histories of the great epidemics of Asiatic cholera or yellow fever that have been transplanted to our continent, I think that *every one of them was preventable!*

When *once transplanted*, overcoming them or keeping them in subjection becomes quite another question, and may often eventuate in partial failure. The *materies morbi*, whatever they are, seem to become so extremely concentrated, widely and universally diffused, and *pestilential*, that even the birds of the air sometimes either disappear or die.

The safe and sure time to save property from destruction by fire is not when whole cities are ablaze, but before the torch of the incendiary is first applied.

CHRONIC HYDROCEPHALUS.

A CLINICAL LECTURE DELIVERED AT THE GOOD SAMARITAN HOSPITAL, CINCINNATI, OHIO.

BY F. FORCHEIMER, M.D.

PROFESSOR OF PHYSIOLOGY AND CLINICAL DISEASES OF CHILDREN, IN THE MEDICAL COLLEGE OF OHIO.

Reported by James M. French, M.D., Former Assistant to the Children's Clinic.

GENTLEMEN: The clinical history of this child is as follows: He was admitted to the hospital October 11, and was at that time twenty months old. The family history was that the mother, the maternal aunts and uncles, and the grand-parents are healthy; the father died of phthisis. The record of the examination, at the time of admission, shows that the child was very anæmic and badly nourished; that he had a large, square head, and that the fontanelles were still open, the protubera prominent, and the lymphatics generally enlarged. There was observed, also, a prominence of the sternum and lateral depressions of the chest. The liver and spleen were slightly enlarged, and there was a slight curvature of the spine in the dorsal region. There was slight dullness on percussion over the apex of the left lung, bronchial respiration, increased vocal fremitus, and a few râles. The diagnosis then was *phthisis in rachitico*. The child was put upon proper treatment, but without benefit. It was found that the appetite, which had been almost ravenous, began to diminish, and there were slight elevations of temperature in the evening, although there was never very pronounced fever. Never during the whole course of the trouble has the temperature been above 100°. It was further observed that the child's whole manner of behavior was becoming changed. When brought into the hospital, the child was apparently normal in his manners; he did not cry more than a healthy child would cry, he was not fretful; but he has since then become more and more fretful. Instead of sitting up on the bed with the other convalescent children, and playing with them and the other rachitic children in the ward, this child preferred to be alone. He would lie down and could not be kept up; so he was finally put into his crib and kept there. It was then noticed, upon more careful examination, that the pupils reacted in a peculiar manner. They began to react very poorly to the stimulus of light. They would no longer contract to their fullest extent, but after contracting to a certain degree, their contractility would cease.

Furthermore, as the child's head was very large when he first came under observation, we began to take measurements of it; and we discovered that, whereas, on the second of November, the head measured just 48 centimeters in circumference, on the ninth of the same month it had increased one centimeter, and ever since the circumference has gradually but steadily increased. The child has been put, as I have said, upon what we consider the proper treatment, but with no effect. He has lost steadily in weight. The bowels, instead of being loose, as is the rule in rachitic children, have now a tendency to be constipated, so that it is with difficulty that he has a passage. In other respects that I shall show you, the child has been behaving in a manner that indicates but one thing; and what that is, we shall now see.

Those of you who remember seeing the features and expression of the child some time ago, when I brought him before the class, will agree with me that he has lost a great deal since he was here before. The first thing that strikes you is the intense anæmia. The skin, instead of being a beautiful pink, as a child's skin should be, is almost colorless; it is waxy. The child is also intensely emaciated. You see, too, all the evidences of rickets; the chicken breast, the enlarged abdomen, and prominent epiphyses everywhere. But what we wish to examine especially is the head of the child. You see the peculiar form of the head. I find upon examination that the fontanelle is still widely open, and that I can feel very distinctly the sutures. Upon measurement of the head, now, I find that it is 18¼ inches in circumference, whilst the circumference of the thorax is only 14¼ inches. That gives you a correct idea of the relative sizes of the head and chest; but you must not forget that the circumference of a child's head at that age is normally somewhat greater than that of the thorax. Nevertheless, there is normally no such difference as you see here.

You notice that the child has his hands up to his head all the time; I take the hands away, and they immediately go up again. You look at the child's face and you are at once struck with the fact that it takes up much less of the outline of the head than it should. The greater part of the face extends from the eyes up; in other words, the child's head is too large. You are probably aware that an artist, in drawing a typical face, draws first an oval outline. This he then divides, by a straight line running parallel to the long axis of the oval, into two equal parts. This straight line he then divides into two parts by a

transverse line through its middle, and upon this last line he places the centre of each eye. Now, if he were to draw a hydrocephalic head, what would he do? He would simply lengthen the distance from the eyes to the top of the head, or the upper extremity of the oval, as I do in this drawing on the board. I have had an instrument constructed for the purpose of measuring these heads. It is an instrument of brass, the perpendicular rod of which is graduated to fractions of an inch, and, fitted to it, is a sliding bar that moves freely up and down. The method of using the instrument is to place the upper part on the child's head, then slide this movable part up or down until it is exactly opposite the middle of the eye. I then know, of course, what the distance from the chin to the top of the head is, and from the top of the head to the eye; and deducting the one from the other, I have the difference, if there is any, between the two. In the case before you, the whole distance from the top of the head to the chin is 6 inches; the distance from the top of the head to the middle of the eye is $3\frac{3}{8}$ inches; the distance from the middle of the eye to the chin is, of course, the difference, or $2\frac{5}{8}$ inches. We know then, from this examination, that the upper part of the head, the skull, is much too large in comparison to the lower part.

I have just called your attention to the fact that this child is constantly sitting with both hands raised to his head; he has either one hand supporting the head and the other in his mouth, or both hands supporting the head. In addition to this, he cries constantly; but another thing you will observe is that he never moves his head. Upon examination of the eyes, we find, in the first place, that there is a slight amount of photophobia, and, in the next place, that the pupils do not react at all to light. There is no abnormity in the position of the eye.

I am particularly glad to be able to call your attention in this case to a peculiar symptom which has attracted a good deal of attention, and whose value has elicited not a little discussion. It is, however, a peculiarity to which I have called your attention in connection with other cases. If I draw my finger over the skin of this child's thorax or back, there very quickly comes out a red line which gradually disappears; it is known as the *tache rouge*, or Trousseau's spots.

You hear this peculiar whine? The child keeps that up day and night. It is interrupted only by an occasional short lapse. Sometimes after a sleep the child awakes with a loud and very peculiar, shrill cry.

The question now is, what are we dealing with; to what is the trouble due; and how can we explain some of the symptoms? The disease is known as chronic hydrocephalus—an accumulation of serous fluid, comparatively poor in albumen, rich in potassium salts, rich in phosphates—that is found in the ventricles of the brain, and sometimes in the subarachnoid spaces. The great majority of cases that come under our observation are of that class in which the fluid is found only in the ventricles. When it is found in the ventricles the disease is called *hydrocephalus chronicus internus;* when it is found outside of the ventricles, in the subarachnoid spaces, it is called *hydrocephalus chronicus externus*. I am willing to admit that I have never been able, clinically, to separate these two classes of cases; I have never, as yet, seen cases in which I could separate an internal from an external hydrocephalus; so that I shall have to discuss the subject with you as an entity.

This child presents to you such interesting features of beginning chronic hydrocephalus as you may not see again for years. What makes me think that this child is suffering from this disease? The chain of symptoms that I have described to you is sufficient to justify me in that belief. In the first place, and principally, the enlargement or dilatation of the child's head. That is proof positive that the child is suffering from hydrocephalus. Is such a thing possible as a child suffering from hydrocephalus without a dilatation of the head? Such a thing is possible; but of course it can occur only after the bones of the head have thoroughly ossified. Then the dilatation goes on at the cost of the brain substance. The fluid accumulates in the ventricles, presses upon the brain substance and causes it to occupy much less space than it originally did. Of course in such a case the diagnosis becomes very difficult; but in a case like this the diagnosis is easy. This child, when he came in, had a large head; but it has been proved by measurements that it has, since that time, increased very much in size, and it is still increasing.

To what else could this condition be due? To nothing else; this is either hydrocephalus produced by an inflammatory active condition, or hydrocephalus produced by a passive condition. What other symptoms have we that lead us to this conclusion? We have all these symptoms that I have described; we have the change in disposition, we have the change in the reaction of the pupil, we have the child suffering pain, and suffering in all probability from headache, which is indicated by his constantly putting his hands into his mouth. These are all corroborative symptoms of the changes going on in the head. This change of disposition is by no means a constant symptom. I have now in my care a child with hydrocephalus that is apparently healthy and, if anything, more jolly than children usually are, and in which there are none of these manifestations. The cases vary in regard to the symptoms they exhibit, these depending largely upon the amount of inflammatory change that is going on in the ventricles or in the meninges. If there be very great inflammatory changes, if there be a great deal of pressure, then of course these symptoms will be more pronounced. If, on the other hand, the child is born with too much fluid in the ventricles, there will not be many symptoms produced.

Another feature that I want to call your attention to more fully, is the fact that this child does not move his head. During the whole time that he has been sitting here, fully half an hour, he has not taken his hands away from his head, or moved his head in the least. When he is in his crib with high sides, he either supports his head with his hands or leans it against the sides of the crib. The explanation of this peculiarity is simple. It is because the child's head is too heavy for him. I want you to

remember these facts, for they are almost characteristic of the disease.

In regard to the other symptoms, it is not necessary for me to detain you long. Usually there is some derangement of the alimentary canal in these cases, the children suffering from constipation, as this child does. If the patient has had rickets and then becomes constipated, while it has other symptoms of hydrocephalus, this change will aid you in the formation of a diagnosis.

What is the cause of the hydrocephalus in this child? Tuberculosis. Tuberculosis produces hydrocephalus in several ways. I have shown you that the child has tuberculosis of the lymphatic glands, the so-called scrofulosis. All the glands of the child are very much enlarged. This may act in very many ways. First, the circulation of the lymph in the brain may be disturbed, so that we may have an exudation of lymph in the subarachnoid spaces or in the ventricles. Then the glands of the neck may be enlarged, and by pressing on the veins cause a transudation of the fluid elements of the blood. In the next place, the tubercular virus may undoubtedly cause chronic changes in the membrane lining the ventricles, in this way cause chronic inflammatory changes, and thus produce hydrocephalus. Which of these methods have been the cause of the disease in this case, I am unable to state. Is tuberculosis always the cause of hydrocephalus? By no means. I am speaking now of chronic hydrocephalus. Acute hydrocephalus, you remember, is synonymous with tubercular meningitis; but chronic hydrocephalus may be produced by a number of diseases, as by a tumor of the brain. Acute inflammations that become chronic may cause the disease; an acute meningitis may become a chronic meningitis. It is claimed that syphilis has something to do with the production of a chronic hydrocephalus; but with regard to that and the production of the congenital form of the disease, we know but little. Sometimes the disease is due to uræmic poisoning.

The prognosis is, in the great majority of instances, bad. Can you in an individual instance make a prognosis? Yes. I should say that in a case of this sort the prognosis must necessarily be bad. There are cases, however, in which, even after the exudation has become enormous, the child is reported to recover. Perhaps some of you have seen cases in which the exudation has become so great that the head has gotten entirely beyond the control of the child, so that it has to be moved about by another person, and in which the child lives and gradually recovers. After such a recovery there is, of course, a good deal of deformity. I shall never forget the simile used by one of my teachers. He said that he had a case of a child with an enormous head, that got well and grew to womanhood, but that her head looked like a raised map of Switzerland. The exudation being absorbed, the head contracted, but the sutures remained raised. You must, however, be on your guard about your prognosis.

The treatment is to allay symptoms. My treatment in this case is to give opium. I give to a patient like this sufficient opium to keep him quiet. As soon as I find that this irritable state has disappeared, if it does disappear, I give internally iodide of potassium, regulate the bowels, and of course try to remove the cause. If the disease is due to uræmia, or if, in the course of a case of uræmia that you are treating, symptoms of hydrocephalus supervene, you must treat the case accordingly. I have not much faith in puncturing these cases, although it sometimes seems to give relief. I have no faith, either, in compression, for I have seen no good results from it.

THE HONORARY DEGREE OF DOCTOR OF MEDICINE.

BY E. INGALS, M.D., CHICAGO, ILL.

The ordinary degree of Doctor of Medicine is conferred by an institution of competent authority on persons who are supposed to have acquired, by diligent study and careful instruction, a sufficient amount of medical knowledge and skill to constitute them safe practitioners of the science and art of medicine. The attainments of the person applying for the degree are ascertained by a proper examination, conducted by the teachers in the institution by which the degree is given. The possession of the degree is evidenced by a diploma, which, after the person who holds it has complied with certain governmental requirements, assures to him all the rights and privileges of a member of the medical profession. But such institutions may also confer, *without an examination*, the additional honorary degree of Doctor of Medicine on persons already in the profession, who have publicly demonstrated their attainment of such a degree of learning and skill in medicine as would make the conferring it on them to be an act of such undoubted propriety as to be acknowledged without question by all. I bring this subject to public notice because the oldest medical college in this city has recently, on two different occasions, bestowed the honorary degree of Doctor of Medicine on a dentist. Neither of these persons—if I am correctly informed—has ever made medicine a special study.

Both are gentlemen of excellent character, and have been long and well known as skillful practitioners of dentistry. I do not, however, understand that these qualities authorize any medical institution to confer the degree of Doctor of Medicine on their possessor.

Dr. Barnum, D.D.S., of New York, who hit upon the happy device of the rubber dam rendered a great service to the profession of dentistry; but it would be grotesque and incongruous to bestow on him, for this reason, the honorary degree of Doctor of Medicine. With equal propriety it might be claimed by the plumber and optician. The medical degree already has too low a rank, and instead of adopting methods still further to degrade it, our institutions of learning should try to elevate it to a position more worthy of esteem and confidence. This can be done by conferring it only on persons of good character and high attainments. It would be interesting to know how our State Board of Health would treat such an honorary degree, should the

diploma be presented for registration. Under the rules of the Board I do not see how they could consistently do otherwise than recognize it. A professional innovation, wrong in principle and tendency, like this under consideration, should not be suffered to pass without protest, lest in time it might claim to be recognized as an established precedent.

34 Throop street, Chicago.

MEDICAL PROGRESS.

OBSTETRICS AND GYNÆCOLOGY.

COMPLETE PROLAPSUS OF THE UTERUS; NINE LARGE CALCULI IN THE CONCOMITANT CYSTOCELE.—Dr. Varnier (*Progrès Médicale, Archives de Tocologie*) gives the case of a laundress, 68 years of age, who in 1875 was operated upon for prolapsus of the uterus. The tumor reappeared in time, gradually enlarging until it became as large as the fist. She passed through the vagina four calculi of the size of a chestnut, and, becoming alarmed from that circumstance and the severity of the accompanying pain, she entered the hospital Cochin in 1884. On her entrance, an examination established the presence of a vulvar tumor, pear-shaped and of the size of a child's head. The anterior portion of the mucous membrane was rose-colored, and ulcerated in places; it was made prominent at one point by a calculus which was readily felt. Pressure at that point was extremely painful, and disclosed the presence of several calculi contained in the cystocele. At the superior and slightly lateral surface of the anterior portion of the prolapsus there was a vesico-vaginal perforation of the size of a one-franc piece, through which the urine passed constantly. Two or three days after entering the hospital, the patient passed a calculus the size of a walnut through that opening. On performing cystotomy, four calculi were removed, varying in size from an egg to a chestnut. The wound was drained by a catheter kept in the urethra. The results of the operation were very good, the wound being healed on the eighth day, but the urine remained purulent and the patient died at the end of five weeks after the operation. The autopsy showed that the base of the bladder and the trigonum had followed the vaginal wall in its prolapsus. The ureters opened into the cystocele. The vesical mucous membrane, as well as the ureters, presented the lesions of chronic cystitis. The kidneys were riddled with miliary abscesses, the cortical substance being almost entirely destroyed. Chemical analysis showed the calculi to be composed principally of the phosphates and carbonate of lime.

Dr. Varnier draws the following conclusions from a study of the case: 1. The complication of calculi with a vaginal cystocele is not very rare. 2. The production of a vesico-vaginal fistula under these circumstances is extremely rare. 3. Operations for the relief of cystocele are not so harmless as many writers would have us believe.

A NEW EXPLANATION OF THE MENSTRUAL PROCESS.—Under this title Löwenthal (*Archiv. f. Gyn., Arch. de Tocologie*), before giving his own views, sums up very comprehensively the various opinions of the present day upon that series of phenomena which we class under the term menstruation. What may be considered as established, are the following:

1. The bloody discharge returns periodically.

2. The form and duration of the flow of blood varies essentially with individuals.

3. The menstrual blood is identical with that from other parts of the body.

4. There occurs in the uterine mucous membrane certain anatomical and histological modifications. (*a*) The thickening of the mucous membrane from two or three mm. to five or seven mm. takes ten days before the discharge of blood to reach its maximum. This resembles the formation of the decidua in the first stages of pregnancy, certain round cells being present in both. (*b*) During the flow of blood, the superficial layer of the tumefied mucous membrane is destroyed, retrograde hyperplasia, the epithelium of the superficial layer reforms, and, in nine or ten days after the onset of the hemorrhage, is ready with a few days' interval to take on tumefaction anew. (*c*) The tumefaction of the mucous membrane occurs especially in the superficial layers, which become more lax, softer, and œdematous. This is particularly the work of the glands and lymph spaces; in the beginning the blood-vessels play no part in the process. It is only later, when the tumefaction is at its height, that the blood-vessels develop and fill up; that is to say, immediately before the occurrence of the hemorrhage. The tumefaction is never the result of congestion; the congestion is never the primordial phenomenon. (*d*) Only the mucous membrane of the body of the uterus takes part in this tumefaction. The crovix remains free from the process.

5. All the other genital organs, and the organism in general, are more or less affected by the menstrual process; but it is in the ovary that the most marked modifications occur.

From these facts the author concludes that the menstrual process should be divided into three stages:

1. A stage of thickening of the mucous membrane, one of hæmorrhage, and one of regression, *de restitutio ad integrum*.

2. These three stages succeed each other in a determined and fixed order.

3. The duration of these three stages is about twenty days; ten for the first, four or five for the second, and what remains for the third.

4. The phenomena occurring in the other parts of the genital organs and in the rest of the organism, and designated as menstruation, corresponds to the second stage, to the flow of blood.

Passing in review the various theories of menstruation and its relations to ovulation, the author recognizes three as of prominence:

1. *The Classical Theory.*—The actual or approaching rupture of a Graafian follicle, determines the menstrual hemorrhage. To this theory the following objections are made: (*a*) The real onset of the uterine menstrual process takes place ten days later. (*b*) The menstrual blood can come only from a

mucous membrane that is already tumefied, as the vascular congestion does not occur primarily in relation to the tumefaction. (*c*) The neck of the uterus takes no part in the tumefaction or in the hæmorrhage, which would be inexplicable if the process going on in the uterus was due to hyperæmia consequent upon ovulation. (*d*) Perfectly normal ovulation, followed by fecundation, occurs without a discharge of blood. (*e*) A single coitus occurring some time after the cessation of the flow of blood, and consequently after the supposed discharge of the ovule, suffices to produce fecundation.

2. *Loewenhardt's Theory.*—The fecundated ovule belongs to the next menstrual epoch. The ovule is discharged before the menstrual flow occurs. If it is fecundated immediately, there is no menstrual flow. If it is discharged from the body, the flow occurs. There are two varieties:

First Variety.—The discharge of the ovule does not take place until after the formation of the menstrual decidua (immediately before the flow).

Objections.—(*a*) In this case there would be no plausible reason for the occurrence of the tumefaction of the uterine mucous membrane nearly ten days previously. (*b*) If the ovule, which is fecundated immediately after its discharge, takes several days to reach the uterus, it cannot prevent the regression of the decidua, or the hæmorrhage. (*c*) It is the coitus nearest to the cessation of the hæmorrhage which is the fecundating coitus; for it cannot be admitted that the spermatozoa can dance attendance for twenty days around the ovule.

Second Variety.—The discharge of the ovule occurs at the beginning of the formation of the decidua (about ten days before the flow).

Objections.—(*a*) The diminution in size of the volume of the ovary, which can only be explained by the rupture of the follicle, has never been observed but in connection with an ulterior flow of blood. (*b*) The premenstrual physical and mental disturbances, that have been considered the phenomena concomitant with the development of the follicle, occurs always before the hemorrhage and disappears with it. (*c*) A periodical rupture of the follicle has never been noted as occurring at the beginning of the formation of the menstrual decidua. (*d*) Coitus practiced a long time after the commencement of the tumefaction of the uterine mucous membrane and even immediately before the approaching epoch may be fecundative and suppress the flow.

3. *Theory of Beigel.*—Ovulation and menstruation have no reciprocal influence. Both are the consequence of genital impulsion.

Objections.—*a.* The menstrual process is periodical, whilst the cause to which it is here attributed, sexual excitability in the woman, may be produced at any time. *b.* In case of congenital absence of the ovaries, there is never menstruation, whilst genital excitability is not always wanting. *c.* When, as the consequence of castration, menstruation is suppressed, the generic excitability may persist intact, or be but slightly diminished. *d.* All the organs participate in the menstrual hyperæmia. The body of the uterus alone is concerned in the hæmorrhage, the neck never; and thus general hyperæmia occurs immediately before the flow, whilst the real onset of the menstrual process commences ten days before.

Theory of Loewenthal.—This, of course, is discussed at some length, but it is well expressed in the following conclusions:

I. The periodical hemorrhage which is produced in the genital organs of the woman is not a consequence of the rupture of the Graafian follicle (a rupture which ordinarily occurs at the same time), but is due to the disappearance of the tumefaction of the uterine mucous membrane, a tumefaction which is independent of that rupture, and which is produced before the hemorrhage.

II. The menstrual decidua is determined by the imbedding of the last ovule which escapes from the ovary, and remains non-fecundated.

III. It is formed in the same way as that of the decidua of pregnancy, when the egg which so engrafts itself is fecundated, and it is destroyed after the death of the ovule, when that ovule remains unimpregnated.

IV. As concerns each isolated menstruation, the rupture of the follicle and the menstrual hemorrhage have no other causal relation to each other than this, that the active causes and circumstances which occur at the moment of the establishment of the hemorrhage are at the same time an occasional cause of the rupture of a follicle.

V. The coincidence of the rupture of a follicle and the hæmorrhage is not at all necessary. Both may be produced independently one of the other. A follicle may rupture without the production and regression of a menstrual decidua, and the hæmorrhage, the secondary consequence of the last follicular rupture, may be produced without the simultaneous rupture of a new follicle.

VI. The periodicity of the menstrual hemorrhage is due to the duration of the extra-follicular vitality of the engrafted ovule, which remains non-fecundated. The anomalies of this periodicity (general or individual) depend upon idiopathic or accidental influences which determine the lessening or even the absence of this extra-follicular vitality of the ovule.

VII. Fecundation is produced upon the ovule arising from the follicle which has passed into the uterus, generally at the time of the last menstruation, when it is uterine—or upon that ovule imbedded outside of the uterus, which is exceptional and is extra-uterine.

From all this come the following practical conclusions:

VIII. Menstrual hemorrhage is not a physiological function, nor the necessary concurrent manifestation of a physiological function, but the direct consequence, reinforced by innumerable repetitions, of a phenomenon produced by civilization—the non-fecundation and the death of an ovule—it has all the characters and all the influences of other hemorrhages, which are always pathological. Like these, and under the same influences, it increases or diminishes.

IX. The hemorrhage which necessarily accompanies the destruction of the menstrual decidua cannot be considered as inoffensive, except as it occurs by dia-

pederis. A hemorrhage by rhexin is always useless and perhaps dangerous, for it becomes a cause of debility to the organism.

X. The degree of danger is in relation to the quantity of blood lost, and the quantity as well as the quality, is in relation to the blood of the whole body.

XI. In such cases it is necessary to moderate the menstrual hemorrhage, as with any other hemorrhage.

XII. The best treatment is rest in bed, and hot injections.

XIII. On the other hand, the absence of menstrual hemorrhage (idiopathic amenorrhœa) should never be considered and treated as a disease. It is simply the proof that a function which is not indispensable to the life of the individual (ovulation), for some cause or other (youth, age, pregnancy, lactation weakness), has not manifested itself, or has not manifested itself at its usual time, that is, at the end of four weeks.

XIV. Recognizing the importance of the part played by the fallopian tubes in menstruation as given by Lawson Tait, the indications are, in cases of uterine dysmenorrhœa, menorrhagia, fibroma and other morbid processes, which influence the anticipated provocation of the menopause, to practise salpingotomy (resection of both tubes after ligature) instead of castration.

XV. If, in practising castration for one of the causes cited, the two ovaries are not completely removed, salpingotomy should be performed.

ANATOMY AND PHYSIOLOGY.

CASE OF MALFORMATION OF THE HEART.—In the *Journal des Connaissances Médicales* is to be found the record of a man, 39 years of age, a tailor by occupation, who was affected with epilepsy and died of cerebral disease. During his epileptic attacks he was not cyanosed, and gave none of the general symptoms of disease of the heart. Cardiac dullness was slight. Fremitus most marked at the second intercostal space on the left side. A souffle with the first sound over the whole surface of the heart, having its maximum of intensity at the supposed location of the aorta. A short souffle with the second sound, at the left intercostal space, near the sternum. Pulse irregular. The autopsy showed that the aorta was situated in front and to the left of the pulmonary artery, which it did not cross; it had two semilunar valves. The pulmonary artery, instead of semilunar valves, was of a cone shape, and truncated above. The orifice was narrowed and insufficient. The two ventricles were as one, the interventricular wall being absent. The auriculo-ventricular valves were normal.

MEDICINE.

LEAD-POISONING BY SNUFF.—Dr. F. P. Weaver reports a case of this character to the Liverpool Medical Institution (Liverpool *Med. Chir. Jour.*). The patient, aged 32, suffered from attacks of colic and difficulty in urinating; the blue line on the gums was found to be present. He took snuff in large quantity; Lundyfoot and brown rappee were his favorites. A stream of sulphuretted hydrogen, passed through an infusion of the article, gave but a negative result. An analytical chemist found lead in considerable quantity in the brown rappee, but none in the Lundyfoot. By stopping its use, and suitable treatment, relief was afforded for some years; then a severe attack of colic showed that the patient had returned to the use of equal parts of Kendal brown and brown rappee. This mixture was examined by incinerating a portion, treating the ash with water and a little nitric acid, filtering, and then passing sulphuretted hydrogen through the transparent liquid. Speedily a black discoloration took place, leaving a large precipitate of sulphuret of lead. Separate examination of the two components of the snuff revealed the absence of lead in the Kendal brown, its presence in large quantity in the brown rappee. This latter was observed to be a moist snuff, wetting or greasing the paper containing it. On buying some of the rappee snuffs at different shops, it was found that both the black and brown varieties were supplied to the retailers in lead foil, and were kept by them in this lead foil in canisters. The rappee snuffs from different shops presented the same reaction; all contained much lead.

The question arose: Was the lead derived from the addition of a salt of lead to the snuff, or from the oxidation of the lead foil in which the snuff was kept? Dr. Weaver considers it as derived from the enclosing lead foil, because, *firstly*, the snuff was issued by a first-class maker of high standing in the trade; *secondly*, we have the fact of its being actually kept in lead; and *thirdly*, the kind of snuff was that variety, "moist brown rappee," which writers on the subject seem specially to have found contaminated by its wrappers. He finds that there are on record thirty-four cases of this form of lead-poisoning, and that there can be no question that the long-continued use of moist rappee snuffs brings on insidiously lead-poisoning, causing paralysis of the anus, anæmia, and repeated attacks of colic.

COCAINE IN IRRITATION OF THE BLADDER.—Mr. Edward Bellamy reports that he has used cocaine in cases of irritable bladder, with spasm at the neck of the bladder, with success. He uses it in the form of gelatine bougies, each containing gr. ¼ of the hydrochlorate of cocaine.—*Lancet*, February 14, 1885.

SURGERY.

A CASE OF PERIODICAL ERYSIPELAS.—Dr. Cebrian (*Medicina Contemporanea, Le Progrès Médical*) gives the case of a married woman, 31 years of age, of a nervous temperament, good constitution and enjoying good health up to the time of her marriage, from which period she has suffered from periodical attacks of erysipelas of the right side of the face. Her mother died of black erysipelas in the third month of pregnancy. She herself has had three children, whom she nursed. The attacks come on with a chill, accompanied by intense cephalalgia and followed by fever. The right side of the face is invaded by a vivid redness, which disappears on pressure, giving a burning sensation. Between the right and left sides of the face there is a very marked line of separation, commencing at the median line on the forehead, passing down on the median line of the nose, lips and chin, then becoming gradually

imperceptible. These attacks commenced for the first time with the suppression of the menses which marked the first pregnancy. Their periods of invasion, increase and decline conform exactly with the duration and intensity of the menstrual flow; that is, the attacks commence on the day that the flow should appear, and are at their height when the flow should be the greatest, then decline, terminating on the fifth or eighth day. This is repeated without interruption to the fourth month of pregnancy, not to return until a new pregnancy occurs. Two married sisters suffer in the same way.

EXTIRPATION, BY LAPAROTOMY, OF A HYDATID CYST OF THE LIVER.—Dr. Guttierez reports this curious case in *El Dictamen* (*Le Progrès Medical*). A boy, 8 years of age, suffered from a tumor situated in the right iliac fossa and as large as a fœtal head. Capillary puncture gave a clear fluid containing numerous hooklets, which were insignificant. It having been decided to extirpate the tumor, the right side of the abdomen was opened by an oblique incision, and the tumor dissected from its adhesions to the epiploon, of which a portion was also removed to avoid its mortification. After opening the cysts, which had increased rapidly in size after the exploratory puncture, there was discharged with the fluid the great pouch or hydatid, which had as its external envelope the the thickened capsule of Glisson, which the hydatid had by degrees disengaged from the external surface of the liver until it had lodged in the iliac fossa; the operator extirpated the fibrous envelope from its hepatic attachment to prevent any suppuration that might compromise the result of such a brilliant operation. He then applied three sets of sutures, very fine catgut, including first the peritonæum, then the divided muscles, and, finally, the skin, using Lister's dressings. There was not the slightest trace of peritonitis, but reaction from the effects of the operation was slow; the wound healed perfectly, however, and digestion was normal.

MUSCLE GRAFTING.—Dr. Eduardo Salvia has recently published at Naples a memoir embodying experimental researches on muscle grafting (*Lancet*). Gluck was the first to prove experimentally that muscular tissue detached from a living animal has the power, when introduced into the tissues of another animal, of contracting organic adhesions and continuing to live. He observed that by adopting certain precautions, chiefly of antisepsis, pieces of muscle, without tendon, might be transplanted in rabbits and hares, and remain in the part grafted as true muscular tissue. If, however, the graft excited inflammatory reaction of some intensity, the histological characters of the engrafted tissue underwent fibrous metamorphosis. Dr. Helfreich, in 1882, put this to practical use. He removed a sarcoma from the front of the right arm of a lady aged 38. Nearly the whole of the upper half of the biceps was removed; only a small bundle of muscular fibres as thick as a slate pencil being left on the outer side, continuous with the tendon. The resulting space was exactly filled with a piece of muscle, weighing three ounces and two drachms, detached from the thigh of a healthy dog just at the moment of grafting. Care was taken to ensure accurate adaptation of the muscular surfaces, without hagging; and the grafted muscle was secured to the remaining portion of the biceps with thirty points of catgut suture. Some counter-openings were made in the skin for drainage, the external wound sutured, and a Listerian dressing applied. The arm, bent at an acute angle, was fixed to the thorax. On the ninth day, at the time of the first dressing, in consequence of the detachment of some of the sutures, the lower angle of the wound gaped somewhat, and through it issued a necrotized fasciculus of the engrafted muscle. The piece of separated muscle was as long as the canine portion inserted, and about one-eighth its depth. On the eighteenth day a piece of skin as large as a shilling sloughed at the point of issue of the mortified muscular fasciculus. A month later the patient had completely recovered; but the limb was somewhat œdematous. After employing for two months the constant and induced currents of electricity, the right biceps muscle regained its normal electro-motor power, alike on the right side, where a part of the original muscle remained, and on the inner side, corresponding to the engrafted muscle. The patient could move the forearm with power, and without the slightest pain, alike in pronation and supination.

Dr. Salvia, after a number of failures, has succeeded, under strict antiseptic precautions, in engrafting into the thigh of a dog a portion of the rectus femoris of a rabbit. So perfectly did the transplantation succeed that no trace of it could be discovered by the naked eye or the microscope when the dog's thigh was dissected three months later. Reviewing all the steps of his research Dr. Salvia formulates the following:

1. It is possible to transplant a piece of the muscular tissue of an animal amongst the cut muscular fibres of another animal, although the two may be of different species.

2. The piece of transplanted muscle may become thoroughly united with the muscle into which it is grafted without exciting suppuration or specific inflammation. For the attainment of this result it is necessary that the piece of transplanted muscle should completely fit the space resulting from the retraction of the ends in the excised muscle. It is equally necessary that the operation be carried out with the strictest antiseptic precautions.

3. The union between the fibres of the transplanted muscle and those of the animal grafted takes place by new formation of young muscular fibres; these become immediately continuous with the fibres of the animal and of the graft, without leaving any trace of the primary point of separation.

4. The grafted muscular fibres gradually lose their distinctive anatomical characters, acquiring those of the animal's fibres in which they live. No difference between them can, after a certain time, be detected by the most careful microscopical examination.

5. The function of the muscles after the graft is perfectly restored, and that comparatively quickly, without the slightest indication of weakness or torpor.

THE

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PUBLISHED WEEKLY.

THE EDITOR of this JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information, should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

Until the commencement of the JOURNAL in July, 1883, the proceedings and papers of the association had been published in one volume, each year varying in size from 500 to 1,000 octavo pages. For many years past the annual volume has not reached the table of the members of the association until from seven to nine months after the annual meeting at which the papers, addresses, resolutions, etc., composing its contents had been prepared and presented by their authors. By such delay much of the influence upon the profession expected from the proceeding of each meeting was entirely lost, and it became a common remark that few of the papers were ever read except by their authors. One of the strong arguments in favor of changing to the publication of a weekly journal, was that it would bring the full record of proceedings of each annual meeting directly into the hands of every member, followed quickly by the important addresses of the President of the association and of the chairmen of the sections, while the important papers relating to all departments of medicine and surgery would follow as fast as the most dilligent reader would wish.

To enable the reader to judge how far this object in adopting the journal form of publication has been realized, it is only necessary to remind him that the full official record of the proceedings of the meeting in Washington in May last, as prepared by the Permanent Secretary, was in the JOURNAL the second week after the adjournment of the meeting, while the address of the President of the association, and that of the chairman of the section on practical medicine, appeared the same week of the meeting. Other addresses and papers followed at the rate of from one to four in each number, until almost all had reached the tables of members by the end of the first six months. And it is safe to say they had been actually read by ten times as many medical men as had read the papers in any annual volume of transactions published within the last dozen years. And whoever will take the trouble to make the comparison, will find in these addresses and papers both a greater amount and wider scope of matter of direct practical importance, reaching every department of the healing art, and including the results of much important original investigation, than is to be found in the department of original articles in any other weekly journal in this country. Many of the papers have been accompanied by numerous and well executed illustrations. Besides the papers belonging to the association, the same department of the JOURNAL has contained several valuable contributions from other sources, and many important papers read before other medical and sanitary organizations. Every number has contained three or four pages of *Medical Progress*, selected chiefly from the foreign current medical literature, by a special assistant editor in Washington; and most of the numbers have contained interesting letters from regular correspondents in London, Paris and Berlin, as also in Boston, New York, Philadelphia, Cincinnati, and many minor places in our own country.

If a less number of pages have been filled with the proceedings of local medical societies in different cities than in some of our contemporaries, it is simply because we had not more space at our command on account of the number and length of the papers of the association, which were entitled to precedence. Yet we have given even in the department of local society proceedings, a large amount of very valuable matter from societies in Boston, New York, Philadelphia and Chicago, as well as from some places of less note. Prominent attention has been given to sanitary matters, health organizations, and proper principles of medical legislation; and, unless the voluntary assurances of some of the most eminent members of the profession are erroneous, it has already exerted much influence in checking the tendency to social and ethical disintegration, which had been making rapid progress during the few years prior to the commencement of the JOURNAL. We shall tax the patience of our readers in one more issue to present the financial progress of the JOURNAL, its present status, and some suggestions concerning its needs and future management.

FRENCH JUSTICE IN MALPRACTICE SUITS.

The Paris correspondent of the *British Medical Journal* of February 7, states that an action was recently brought by an *Officier de Santé* against Prof. Trélat and M. Delens. M. Bouyer, the plaintiff, stated his case as follows: In the act of nailing down a box in May, 1883, he slightly injured his left index finger. He sent for M. Piogey, his neighbor, who was replaced by his nephew. MM. Trélat and Delens were called in by M. Piogey, and the plaintiff complains that a number of operations were performed on him; that he was conducted to a *Maison de Santé* and that M. Delens applied undiluted alcohol to his bleeding wound; that drainage tubes were used, and camphor dressings bandaged on. After six weeks of daily agony he left the *Maison de Santé* with a deformed hand. The plaintiff accused MM. Delens, Trélat and Piogey of having treated and tortured him against his will, of having injured him by unskillful treatment, and names his damages at 20,000 francs ($4,000).

M. Piogey declares that the plaintiff had a deep wound in the left forefinger. He sought the help of his nephew, because the patient required constant care day and night. Symptoms of septicæmia soon appeared, and it was necessary to call in a surgeon. M. Bouyer was recommended to M. Delens by Dr. Pénières, a deputy. He found that very serious lymphangitis had set in, and several collections of pus had formed. He prescribed dressings of alcohol in solution. M. Trélat's services were also secured by a mutual friend. The patient expressed gratitude for the care taken of him, and never opposed any part of the treatment; otherwise, his wishes would have been considered. M. Trélat accepted the responsibility of having M. Bouyer removed to a *Maison de Santé;* his condition required it. He was in an almost hopeless condition, and could not otherwise have had the necessary attention given to him. M. Bouyer, the plaintiff, has been condemned to pay 3,000 francs ($600) to each of the three defendants.

If some of the common sense evinced by this verdict could be imported for the use of the intelligent jurors of America, malpractice suits would be less common.

DYNAMITE INJURIES.

The past two years have been rather fruiful of new surgical injuries. To the much written of "lawn-tennis back," "lawn-tennis knee," "football shoulder" and "bicycle perineum," it seems that we must now admit "dynamite injuries" as a peculiar class of surgical lesions. Unfortunately, as regards an extensive acquaintance with the peculiarities of this latter class, and unfortunately, also, for the recipients of these injuries, the persons affected by them are more often subjects for a coroner's inquest than for the surgeon's skill.

Mr. Frederick Treves reports, in the *British Medical Journal* of February 14, 1885, the cases of two sufferers from the dynamite explosion at the Tower of London, who came under his care at the London Hospital. As regards the gross lesions caused by the explosion of dynamite, there seems to be nothing special. The fractures, lacerations and contusions inflicted by fragments and falling *débris* are very similar to those caused by other injuries. But the point of greatest interest seems to be the general effect of the explosion upon the nervous system. While it is evident that the body must be concussed or shaken by the explosion, it would be scarcely expected that the effect upon the nerve-centers would be identical with the concussion produced by a blow upon the head or the shock caused by a railway collision; the shock from a dynamite explosion seems to be that of a force that is diffused and finely divided. It seems that the person affected by it is not hurled to the ground so as to suffer such an injury as may produce concussion in the ordinary clinical sense. There is a sensation of being pushed back rather than thrown down.

The symptoms in the two cases which he reports may be ascribed, he says, solely to the general shock caused by the explosive, with, perhaps, some superadded emotional influence. Neither of them suffered from true clinical concussion; they were not even stunned. "Their chief symptoms seemed to have been the outcome of a general enfeeblement of nerve-function, whereby the action of the heart was depressed, the vision dimmed, and the hearing—apart from local changes—dulled. It is interesting to note that, in one case, the accident was followed by repeated vomiting." So far as local effects were concerned, the most definite effect was produced upon the membrana tympani.

THE TREATMENT OF SEVERE ELECTRIC SHOCK.

Dr. C. G. De Schweinitz, of Philadelphia, has recently reported two cases of severe electric shock which recovered under expectant treatment; and an exchange (the name of which we cannot now recall) commends the expectant method in these cases, on account of the fact that we are as yet ignorant of any medical treatment which promises success. In the *Medical Record*, for January 31, 1885, Dr. W. G. Eggleston, of Philadelphia, reports three cases of this nature which fully recovered under treatment by atropia and

stimulants. As may be seen by reference to the latter article, the persons were profoundly shocked and insensible for some hours, that the respiration and pulse were abnormally slow, and that death from dyspnœa or heart failure seemed not improbable; and that these symptoms were relieved and finally dissipated by the treatment adopted.

As persons have been known to die from the influence of electric shock some hours after the reception thereof, it seems that any treatment which will relieve the system of its influence should be adopted; and from the prominent symptoms in these cases—dyspnœa and threatened heart failure—there is scarcely a doubt that atropia is a physiological antidote to the influence of electricity; and that its effect is aided by the administration of such stimulants as brandy and ammonia.

Apropos to this subject, it may be mentioned that a recent number of *La Lumière Électrique* states that Prof. Dolbear has found that wires carrying currents of high tension may be safely handled if the hands be thoroughly covered with oil. With gloves thoroughly impregnated with oil, he thinks that wires carrying a current of 80,000 volts may be touched with safety.

COOKERY-LESSONS FOR STUDENTS OF MEDICINE.

A recent number of the *British Medical Journal* calls attention to the important part played by the medical profession in the matter of ordering suitable diet for patients, and commends the thoughtfulness which has inaugurated a school of cookery in Edinburgh, in which the medical students in that city may learn how the foods appropriate to the invalid are prepared. During the present session this school has given four lessons in the preparation of food and drinks, in the large theatre of the Royal Infirmary. It speaks well for the intelligence of the students that these lessons were largely attended and highly appreciated. Among other things, the preparation of beef-tea, beef-jelly, milk-jelly, gruel and milk gruel, and self-digested farina were shown, and students were invited to examine for themselves practically the various diets ordered for patients.

Such a course for medical students is to be commended in the highest terms; for, apart from the practical application of the knowledge gained in such a school, the time and money here spent is well invested; few things give a physician a firmer hold upon the affections and respect of his patients than a thorough knowledge of what they should eat, and how to prepare it. In connection with the cookery-schools we would suggest that students be taught the art of compounding suitable beverages for the sick. The physician who knows how to make an eggnogg or a milk-punch is often an important factor in a community.

STATE SANITARY INSPECTION.

The Illinois State Board of Health has inaugurated a system of inspection of houses and premises which, if carried out, will put them in possession of most valuable data for present or future sanitary work.

The circular recently issued by the Board promises that whatever may be done in anticipation of an epidemic of cholera will be equally serviceable for the restriction of other filth diseases.

The proposed plan is to make a systematic report of the hygienic features of every piece of property, accompanying it with a diagram of the same. Blanks are provided for this purpose, which, when filled out, are to be preserved by the local health authorities, by whom the work is to be prosecuted. Tabulated and condensed returns are to be made to the State Board of Health.

This plan, if carried out, would put the authorities in possession of many important facts; but there are great difficulties in the way of making such an accurate and full inspection as shall be of practical value in the prevention of an epidemic.

SECRETARY OF THE SECTION OF OBSTETRICS AND DISEASES OF WOMEN.

The Permanent Secretary of the American Medical Association, in his official notice of the next annual meeting, gives the names and addresses of the officers of the several sections. But he gives the residence of Dr. J. T. Jelks, Secreary of the Section of Obstetrics, etc., as Little Rock, when it should be "Hot Springs," Arkansas. We make the correction for the benefit of those who may desire to correspond with him regarding the business of that section.

PROCEEDINGS OF THE SECTION OF SURGERY AND ANATOMY.

Under the head of Society Proceedings, in this number of the JOURNAL, will be found an interesting extract from the official record of the proceedings of this section during the recent meeting in Washington. Nearly all the remainder of the record, consisting of the report of discussions on the several papers presented to the section, has been published in connection with the papers to which the discussions referred.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Stated meeting March 2, 1885.

Mollities Ossium.—Dr. W. J. Webb read a paper on this subject, which included a report of a case that he had recently had under his care. After some preliminary remarks upon the subject, he stated that he first visited Mr. G. about the first of August, 1884, and found him lying on his back, with labored respiration. Aside from this, all the other external appearances indicated that the patient was comparatively comfortable and well nourished. When the bed covering was removed, it was seen that his right arm was bent and fractured, as also were the femora. The anterior part of the chest wall was directed forwards and upwards, and as the writer placed his hand over the patient's chest, it imparted a sensation which reminded him of a counting abacus under the skin so nodulated were his ribs. There was also a separation of the left supraorbital ridge, which was detached from the continuous bony structure; and upon moving this, crepitus was elicited. The detached bone became partially united soon afterwards, as also did a number of other fractures, and remained so until the patient's death. The maxillary bones and teeth were quite firm and unyielding. The joints of his limbs were slightly enlarged and irregular in outline. His appetite was good. Temperature 97½° F.; respiration 22; pulse 99, accompanied by what was regarded as an aortic heart murmur. His bowels were constipated, the tongue slightly coated with a light yellowish fur. The amount of urine voided in twenty-four hours was 136 ounces, having a specific gravity of 1021, and an acid reaction, with considerable deposit of phosphates, and containing a trace of albumen. No microscopial examination was made. The patient was partially cyanosed and jaundiced. There was also some seborrhœa of the scalp and hairy portions of his body, which was at times accompanied by severe itching. This seemed to be due largely to want of proper ablution of the parts. Evidence of specific disease, particularly on the anterior portions of his legs, arms, shoulders and upper portions of the chest, were present, as was indicated by a number of characteristic spots and cicatrices. His hair was dark and quite normal in other respects, his beard was comparatively thin and confined chiefly to the chin and upper lip. The genital organs were atrophied, or diminutive in size.

October 6 the following history was elicited: His native place was Lycoming county, Pennsylvania. He is of German descent, although his parents were born in the United States. His father, although always in poor health from "urinary trouble," is living, aged seventy-five. His mother died at the age of forty-six, cause unknown. His father's father died at sixty years of age; his father's mother at nineteen; his mother's father at eighty; mother's mother at fifty-five. He has a brother living who is in poor health, the result of "heart and lung disease," whose age is thirty-one. Five sisters are living; the eldest, aged forty-five, is an invalid from "liver difficulty," and is unable to do much work; another sister, aged forty-three, is in poor health and suffers from symptoms identical with those of the patient, such as severe aching in her bones, etc. The three remaining sisters, aged thirty-nine, thirty-four and thirty, are all living and in poor health. About the only vice the patient acknowledges to have indulged in, is that of onanism, which he commenced at the age of eight years and continued moderately during his youth. He has always been very passionate in this respect, so much so that it seemed almost impossible for him to satiate himself after he was married. This morbid sensation did not forsake him until a few weeks before the writer saw him. He stated, also, that he often had quite profuse discharges of milky-looking substance from the penis during defecation, and sometimes before or after voiding his urine; this has troubled him at irregular intervals since his youth. At nine years of age he claims to have had a sunstroke, but upon close questioning this was decided to be a fit or convulsion. Previous to this he suffered much from indigestion and diarrhœa, and at times passed considerable undigested food. After the (so-called) sunstroke he was continually constipated. Since the age of sixteen he has been tired and sleepy for a goodly portion of his time, even to lying down and falling asleep in the midst of his work. Heavy lifting has always hurt or otherwise injured his bones. He has always had a ravenous appetite; in fact, this seemingly abnormal condition was rarely ever satisfied; and besides this he drank a great deal of water, coffee and tea, but has never indulged in alcoholic stimulants.

In 1870 or 1871 he moved to Nevada, where he worked in the woods. Whilst there he suffered considerably from catarrh and dryness of the throat. His appetite continued the same, but at this time he became subject to fits after his meals. At the expiration of three months he moved to California, with improved health, though, singularly enough, with an impaired appetite. He remained there until 1873, when he returned to Nevada, where he began mining. Here he drank a great deal of water that had a sweetish taste, and, as was said of it, contained large quantities of arsenic. At this place the patient first noticed an eruption on his skin, which he was told was caused by the arsenic. Simultaneously he had sore throat and alopecia. After eighteen months he became so badly bloated that he was unable to work. He was then seized with an attack of dysentery, which lasted for fully two weeks, the effects of which, he thinks, he never recovered from.

In 1875 he resumed "chopping" in the woods, but in a short while he was obliged to desist, on account of severe pain in his stomach and in his bones. He was also annoyed a great part of the time with a disagreeable taste in his mouth, and by the eruption, which appeared in an aggravated form; besides this, he had numerous furuncles or "blind boils." Further than this, he passed a tapeworm. During this year, also, his urine was examined; it was of light specific gravity, and contained albumen. In 1876 the patient had a severe struggle with a

vicious horse; he then suddenly felt acute shooting pains in numerous portions of his body, and subsequently suffered with diffused soreness and deep-seated pain in both upper and lower extremities. This condition remained, with more or less regularity and severity, until the summer of 1882, when he was unable to go about without the aid of crutches. In 1877, however, he was married, and has two apparently healthy children, who are 4 and 2 years of age. His wife is healthy, but has a prematurely elderly look. In 1880 he passed another tapeworm.

In 1883 an analysis of his urine showed that it contained albumen, and at one time its measurement reached twelve pounds in twenty-four hours. Two weeks before his death a partial chemical analysis of it was made by the writer, and found to contain a peculiar albuminoid substance, which would coagulate when nitric acid was added, but would again redissolve when heat was applied. This substance was supposed to be the same as that described by Dr. Bence Jones and others as deutoxide of albumen. During this long interval of years the patient was treated by a large number of physicians of all faiths for many diseases. Some years ago he was salivated, and he thought that the mercury he took was a cause of the pain in his bowels. For a year previous to June, 1884, he had taken large quantities of acid phosphates. During this month the patient abandoned all attempts at work and took to his bed.

On October 6, 1884, the following measurements and other facts in the case were recorded: Lower right extremity from symphysis pubis to internal malleolus was 23 inches; lower left extremity measured from the same corresponding points, 26 inches; across the femora, just below the great trochanters, 20 inches; right tibia, 16 inches; left tibia, 17½ inches; sternum, 7 inches. The cranial vault was quite easily depressed, and was flexible. Total length of his body, 52 inches; original height, 68 inches. The pulse was normal; respiration 23 and labored; some ascites was present; appetite good; he sleeps well; mind clear, memory good; his thorax was flattened.

October 13. Tongue slightly coated; pulse, 102; temperature, 99° F.; respiration, 23. He is otherwise in the same condition, except that both arms are now almost entirely useless.

Although a few weeks previously the right humerus had united sufficiently to enable him to use a fan, which afforded him much relief, his thorax continues to flatten, which embarrasses more and more the functions of the respiratory and circulatory organs.

October 20. His condition remains much the same as that of one week ago.

October 30. Patient's temperature is 97½° F.; pulse, 94, quite regular, but soft and weak; his breathing is more labored, and he is considerably cyanosed. (The day previously he was thought to be dying, so very dark did he become.) The heart's action is exaggerated, with the first sound increased, while the second sound is scarcely audible.

November 10. The patient is unable to move any member of his body, except the right hand slightly, and the fingers and toes; his lower extremities are completely everted, and the tissues can be deeply pitted on pressure. Temperature is 99° F.; pulse, 112; respiration, 24. His appetite remains good, but he vomits his food almost every day, and his sleep is much disturbed by dreams.

November 12. Temperature, 99° F.; breathing, 25; pulse, 120, with symptoms pointing to giving way of vital forces.

November 20. Symptoms improved; temperature, 97½° F; respiration less labored and 22 per minute; pulse, 90. During the past few days his diet has been restricted to raw beefsteak, which has agreed with him; milk causes much distress and provokes vomiting.

January 7, 1885. His symptoms of relief were only temporary; at this date he is suffering greatly from dyspnœa. The thorax is greatly flattened and the ribs are scarcely perceptible in many places; there is much pain in the right lung, and nearly one-third of it is above the clavicle. Temperature not taken; pulse, 115; respiration, 26, and performed with the utmost difficulty. There is obstinate constipation. There is a small ulcer on his tongue, and an eruption on his face resembling postular acne. The copper-colored spots disappeared from his body some weeks ago. A cough has set in, and he expectorates a considerable quantity of viscid mucous.

During the succeeding two weeks he continued to fail gradually, with all the symptoms more or less intensified, until January 19, when he died of asthenia. His age was about 35 years.

An autopsy was made on the following day in the presence of Drs. Seiber, Porter and Gates. The body was much flattened and diminished in size, so that its general contour much resembled that of the common marsh frog. The body was greatly emaciated, and the skeleton was distorted in various ways. The entire body and limbs, after being subjected to a stretching process, was 55 inches; left femur, 11 inches; right femur, 11¾ inches; left tibia, 14 inches; right tibia, 13¼ inches; sternum, 6½ inches; both humeri, 11 inches; left ulna, 9 inches; right ulna, 10 inches. The diaphragm extended on the right side up to the fourth rib; on the left side to a point one and one-half inch lower. The entire chest-wall, however, was directed upwards at least two inches. The heart was in the median line and was moderately distended with blood. The pericardium extended up to the second rib, and contained about an ounce of fluid. The tissue of both lungs was quite normal in appearance, except that of the upper lobe of the right lung, which was bound down by recent pleuritic adhesions. In position they were much crowded upwards; a considerable portion, as has already been stated, was above the clavicle. The liver was smaller than normal, and slightly congested. The vena cava and pulmonary veins were filled with blood. The spleen and pancreas were about one-half their normal size, and very pale and tough. The kidneys were slightly enlarged, irregular in outline and nodulated. Their capsules were thickened, the pyramids were enlarged and the

tubules partially filled with what seemed to be a calcareous deposit. The pelvis of each kidney contained more fat than is commonly found. The bladder was moderately distended, and nearly filled the pelvis. The peritoneum, as well as the intestines and stomach, presented an unusually pale and yellowish color. The bowels contained hardened feces; the descending colon and the mesenteric glands were enlarged. The brain and spinal cord were not exposed; the head, however, was much smaller than formerly, there being at least one and a quarter inch difference in the circumference. The entire osseous system was in an abnormal condition. The vault of the cranium was as easily depressed as a moderately distended foot-ball, and almost as flexible. As was stated in the early portion of this abstract, the bones of the face suffered least; this fact corresponds with most of the other reported cases, yet the maxillary and facial bones were lacking in stability, as was evinced by their being tender to the touch before death, and by the looseness of the teeth; the enamel of the teeth was unaffected. The clavicles were enlarged, elongated and much curved upwards and forwards. The thorax, as has also been previously stated, resembled that of the frog (rana palustris) more than that of a man. The sternum was not so much affected as were most of the other bones, this being due, the writer thinks, to the close proximity to the cartilages of the ribs; it was neither in its proper shape nor position; the manubrium, together with the sternal ends of the clavicles, extended upwards and forwards, while the gladiolus pointed upwards and slightly backwards, which made a decided curve posteriorily. At the anterior third of the shaft of the ribs, nearly or quite all the proper bone substance was wanting, while the periosteum was bent or folded upon itself. The condition of the chest-wall was such as to cause great pressure upon the organs within, and his breathing during the last six months was largely diaphramatic. The spinal column, while its natural curves were increased, was enlarged. There was quite a sharp and extensive lateral curvature to the right in the dorsal region, and a slight curve to the left in the lumbar region.

In the pelvis the distortion was as great as that in the upper part of the body. The ossa innominata were nearly at right angles with the horizontal plane of the pelvis. The ilia were crowded inwards, while the ischia were directed outwards; the sacrum was directed forwards, and the pubis slightly backwards and downwards. This position of the pelvis, together with the lower extremities, including the everted position and the curving outwards of the femora, served to remind one of an old Egyptian lyre, as the outline thus formed was much the shape of the frame of one of these ancient instruments; this description does not apply to the position the body assumed after it was straightened out. The upper extremities presented nothing of special importance, except that they were very small, and so soft and flexible that they could easily have been tied in a knot. The only specimens of bone removed from the body were the upper half of the right femur with a portion of the acetabulum, the sternum, and a part of a rib. Upon the section of the femur, only a trace of bony substance was seen adhering to the inner surface of the periosteum, but as the head of the bone was approached the cancellated structure was more characteristic; though it was not so hard but that it could easily have been incised with an ordinary scalpel. When the periosteum was cut into there escaped a considerable quantity of sero-sanguineous fluid that completely enveloped and seemed to permeate the liver-like substance that had taken the place of the medullary canal and the greater part of the shafts of the bones. In the trochanters there was an augmentation of soft cancellated substance, containing a large deposit of fat. The neck of the bone was shortened, and the great trochanters extended above the articulation with the acetabulum.

During the first two months of treatment the patient could not be persuaded to take many remedies, at least in sufficient quantities to produce any perceptible effect; he continued taking acid phosphates and an infusion of senna occasionally to move his bowels; later on he was given iodide of potassium and syrup of sarsaparilla; then a pill of pyrophosphate of iron and quinine. The writer suggested that when practicable a water-bed should be used for this class of patients, and an ingeniously devised method of effecting moderate extension made of plaster of Paris, or what is probably better, would be some other kind of cast properly adjusted to the chest, might benefit the sufferer. This would have a tendency to preserve the proper shape of the thorax, and counteract the contraction of muscles upon which depend the various distortions of the skeleton, and consequently lessen the irritation of sensitive tissues. The most positive information that we have as regards this affection has come to us from Europe. The valleys of the Rhine and Po seem to furnish the greater number of cases. In the female the disease is more often found associated with the pregnant state. The social habits and character of the food eaten, where it is deficient in saline constituents of bone, may play an important part in the predisposing cause; also the unsanitary surroundings, added to the character of the water used. Rickets, struma, syphilis, miasm, lympho-sarcoma, rheumatism, dampness, hereditary taint, mental disease, etc., were all mentioned as an explanation of the cause of this morbid change. The urinary secretion generally presents a marked alteration in character and appearance, and usually contains a deposit of phosphate of lime, which, however, may be a result of tissue metamorphosis. According to one of the old writers, osteo-malacia may be divided into three classes: (*a*) Those due to carcinomatous or sarcomatous disease of the medulla; (*b*) those due to an affection of the medulla, allied to lymphoma; (*c*) those due to some peculiar condition of the medulla, or perhaps of the blood, dependent on the state of pregnancy.

Dr. Webb closed by advancing the opinion that in future investigations of this disease, the functions of the nervous system will receive more attention than formerly.

Regarding the case reported, the symptoms date

prior to the year 1875, when he undoubtedly had syphilis; and since some of the other members of the family have similar symptoms, it is reasonable to infer that a hereditary tendency existed as a predisposing cause. This, together with his youthful vice, spermatorrhœa, and erratic temperament, may have been sufficient to induce the albuminuria and a consequent cachexia that served as a fruitful soil for the ravages of the specific disease.

DR. C. E. WEBSTER stated that through the kindness of Dr. Webb he had had an opportunity of examining the patient, and was greatly interested in this report of a rare and obscure disease. He would like to inquire of the reader if in his study of this disease he had been able to distinctly separate it from the condition known as "fragilitas ossium."

It seemed to him that cases of fragilitas ossium were sometimes diagnosticated as osteo-malacia. He also thought that there was a tendency, growing from the reticence on the part of patients to admit syphilis, to make that diagnosis in all obscure cases, not giving due credence to other possibilities. He would like to know if an examination of the liver was made at the autopsy; and also whether it was an established fact that only a rare form of albumen was soluble in boiling nitric acid. Regarding supporting the chest, he thinks no splint could have been devised to prevent collapse of the thorax.

DR. J. J. M. ANGEAR spoke of an affection of the trophic nerves as a possible starting point of this disease. Regarding onanism as a habit, everything following this practice is of course attributed to it, but he thinks that there is a disease of the trophic nerves that precedes this, or that there is a disease of the nerve centres that causes this depraved condition, and that it is governed by nerve influences. He therefore thinks that where a post-mortem examination is made, the nerve centres should be examined in cases in which a patient is known to have practiced onanism, as well as in those having suffered from mollities ossium.

DR. A. LEIGH inquired if there were any changes in the small blood-vessels. Were they, in conjunction with the portal vein and heart, cyanosed?

DR. LISTON H. MONTGOMERY thought that if the patient had had syphilis several years previously, and the children were robust in appearance, when during a considerable portion of this time, tertiary symptoms manifested themselves in the father, he could not understand how it was that the children enjoyed good health *now*.

DR. WEBB closed by stating that he could not answer satisfactorily the questions that had been asked. He though there was a close relation between some cases of mollities ossium and fragilitas ossium, rickets and specific disease. Regarding the nerve centres that control the process of nutrition, he thinks it is quite probable that they are first the seat of the disease, or that hydro-myelitis or osteo-myelitis may be complicated with it. He was sorry that he had not closely examined the liver in this case, and obtained slides for microscopical examinations.

EXTRACT FROM THE SECOND DAY'S PROCEEDINGS OF THE SECTION OF SURGERY AND ANATOMY, IN WASHINGTON, D. C., MAY 7, 1884.

Dr. L. A. Sayre, of New York, read the report of the committee appointed relative to the death of Dr. S. D. Gross.

Resolved, That the members of the Section of Surgery and Anatomy of the American Medical Association have received with a sense of profound regret the intelligence of the death of Prof. Samuel D. Gross, M.D., of the State of Pennsylvania, one of the greatest ornaments of this Association, and one of the most distinguished teachers and authors in the medical profession in the United States.

Resolved, That the memory of the deceased deserves to be cherished with love and veneration by the members of the medical profession, as that of a man profoundly versed in medical science and worthy to be ranked with the greatest and ablest of our age and country.

He had mastered the vast learning of his profession, and the natural kindness of his great and generous heart was such that, throughout his long and successful career as a practitioner, he was continually experiencing the most intense satisfaction and pleasure in relieving by his science the suffering of humanity.

Resolved, That these resolutions be entered upon the journal of the proceedings of this section, and that the chairman transmit a copy to the family of the deceased. J. M. KELLAR, Ch'n.

LEWIS A. SAYRE, AUSTIN FLINT, JR., R. A. KINLOCH.

On motion, the resolutions were adopted.

Dr. J. W. S. Gouley, of New York, by consent of the section, presented a specimen of "*Spontaneous Fracture of Vesical Calculus*," with the following history. The specimen was from a patient 79 years of age, who had been under treatment a year or two for urinary trouble. The patient first came under the care of Dr. Dexter, of Washington, D.C. Suspecting that there might be stone in the bladder, he proceeded to gradually dilate the urethra with the view of subsequently evacuating it. After four or five weeks of this treatment the patient suddenly passed several fragments of stone, eighteen or twenty in number. Ten or twelve of these Dr. Gouley now exhibited to the section. Other fragments were passed at various times. Afterwards there was a partial removal by Bigelow's apparatus, and subsequently cystotomy performed, when the patient died.

The fragments were smooth, not water-worn, and gave positive evidence, from their appearance, of fracture several months before their evacuation. How did this happen? No authentic record of such cases is given. He thought that the cause of fracture in this case was first erosion at some point, and afterward a sudden fragmentation of the stone.

Dr. Gouley's explanation of this mode of fracture is similar to what takes place in Prince Rupert's pearl, when eroded.

Dr. L. A. Sayre, of New York, did not think it possible for a stone to fracture spontaneously in the bladder, and asked if it had not been previously examined to determine its size, and if it were broken.

Dr. Thompson, of Washington, D. C., had previously attended this patient, and had attempted to remove the stone by Bigelow's method, but failed. He resorted to lithotomy, when the patient died in a few hours.

The bladder of this patient was contracted to the size of a walnut, and in his opinion the fracture was

due to contraction of the bladder and was not a spontaneous fracture.

Dr. Hutchinson, of New York, reported in this connection the removal of a mulberry calculus from a young man, which measured in length 1¾ inches and ¾ inch in diameter, presenting a complete fracture through its center, which had undoubtedly broken spontaneously. No instruments had been used previously, nor was there any evidence of abrasion.

Dr. Prewitt, of Missouri, was of the opinion that the fracture in this case was due to contraction, as the stone was soft. He did not think that Dr. Gouley's theory would hold good.

Dr. Pollock, of Pennsylvania, reported the removal of 66 triangular shaped stones, weighing in all five ounces. It did not occur to him that there had been any fracture in the bladder in this case, yet it might have been.

Dr. Dawson, of Ohio, thought that the stone must have been broken by the previous use of instruments, and could not think that there was sufficient force in the contraction of the bladder to fracture a stone, however soft it might be. He had once removed a mulberry calculus larger than a hen's egg, that had never given much trouble previous to removal.

STATE MEDICINE.

A BILL FOR AN ACT TO PROVIDE FOR THE COMMITMENT OF THE INSANE.*

Be it enacted—First, That the judges of the courts of each judicial district shall, jointly, nominate to the governor, within sixty days next after the passage of this act, two physicians in each county best qualified to act as Commissioners of Insanity.

Second, That the governor, within thirty days next after the reception of such nomination, shall appoint the said two physicians to be Commissioners of Insanity in and for each of said counties respectively.

Third, That the said two commissioners so appointed, together with the judge of the county court, in and for each of said counties, respectively, constitute the Board of Commissioners of Insanity for said county.

Fourth, That the said Board of Commissioners have exclusive and complete jurisdiction of all matters pertaining to the commitment and custody of the insane, and power and authority adequate to the determination thereof.

Fifth, That affidavit of alleged insanity be made to the clerk of the county — ex-officio clerk to the Board of Commissioners of Insanity — to be reported by him to the judge of the county court — ex-officio president of the said board — within twenty-four hours of the date of the said affidavit.

Sixth, That the alleged insane person be examined by each and all of the said commissioners, privately, publicly, separately or jointly, as may be deemed, by each, necessary to the determination of the truth.

Seventh, That insanity be determined only by unanimous decision of the said Board.

Eighth, That, in case of disagreement, the minority may demand, and the Board must grant, a re-examination.

Ninth, That the said Board, having determined the insanity of any one, shall order his (or her) commitment, if curable, to a State hospital for the insane, if incurable, to a county asylum; or to such other custody as may seem best adapted to the circumstances of any special case.

Tenth, That each of said Commissioners, so appointed, receive the sum of —— dollars for each and every case of alleged insanity examined by him, and in addition thereto the sum of —— —— for each and every mile necessarily traveled by him to and from the places of holding said examination, the same to be paid as fees to jurors hitherto.

Eleventh, That the term of service of one of said Commissioners, so appointed, be three years, to be determined by lot; that of all others to be five years —in order that a majority of said Board may always consist of old members.

Provided, That nothing in this Act shall be construed to prevent the trial by jury, as at present, of any alleged insane person who may, either personally or by his or her friends, elect that mode of examination; and that for all such cases the statutes now in force shall continue effective.

* This form of a bill was proposed by a committee consisting of Drs. Walter Hay, Wm. Hill, and E. P. Cook, and approved by the Illinois State Medical Society in annual meeting, May, 1883.

HEALTH IN MICHIGAN, FEBRUARY, 1885.

Reports to the State Board of Health, Lansing, by regular observers in different parts of the state, show the diseases which caused most sickness in Michigan during the month of February (four weeks ending February 28), 1885, as follows:

Number of weekly reports received, 152.		*For preceding month.*
Diseases arranged in order of greatest prevalence.	*Per cent. of reports stating presence of disease.*	*Per cent. of reports stating presence of disease.*
Neuralgia	80	82
Bronchitis	74	74
Rheumatism	72	75
Consumption of lungs	63	61
Influenza	61	60
Pneumonia	59	46
Tonsilitis	57	65
Fever, intermittent	47	50
Erysipelas	37	37
Diarrhœa	31	26
Inflammation of kidney	30	22
Intermittent fever	29	50
Inflammation of bowels	15	16
Scarlet fever	15	16
Whooping-cough	15	18
Cerebro-spinal meningitis	11	11
Diphtheria	11	16
Typho-malarial fever	11	13
Membranous croup	10	14
Typhoid fever (enteric)	8	11
Measles	7	4
Inflammation of brain	6	9
Dysentery	6	6
Cholera morbus	5	5
Puerperal fever	5	4
Cholera infantum	3	2
Small-pox	0.7	0

For the month of February, 1885, compared with preceding month, the reports indicate that pneumonia and inflammation of kidney increased, and that intermittent fever and tonsilitis decreased in prevalence.

Compared with the average for the month of Febuary in the seven years, 1879–1885, erysipelas and neuralgia were more prevalent, and intermittent fever, diphtheria, remittent fever, measles and scarlet fever, were less prevalent in February, 1885.

For the month of February, 1885, compared with the average of corresponding months for the seven years, 1879–1885, the temperature was considerably lower, the absolute humidity and the day and the night ozones were less, and the relative humidity was more.

Including reports by regular observers and others, diphtheria was reported in Michigan in the month of February, 1885, at thirty-six places, namely: Albion, Alcona, Cadillac, Cedar Springs, Dexter, Detroit, East Saginaw, Grand Rapids, Harrisville, Holly, Hope tp., Ishpeming, Ithaca, Ingham tp., Kalamazoo, Leelanaw, Lexington, Marquette, Maple Valley, Muskegon, Muskegon tp., New Haven tp., North Star, Novi tp., North Muskegon, Otsego, Oshtemo, Oshtemo tp., Owosso, Pierson, Pierson tp., Port Crescent, South Bay City, Taylor, Winfield, Wyandotte. Scarlet fever at twenty-eight places: Adrian, Albion, Berlin tp., Burchville, Chester, Charlevoix, Detroit, Dover, Dundee, East Saginaw, East Tawas, Forest tp., Grand Haven, Grand Rapids, Homer, Kalamazoo, Kearney, Leelanaw tp., Lowell, Linden, Manistee, North Muskegon, Novi, Pentwater, Power tp., Pierson, Sheriden tp., South Haven, Vernon tp. Measles at East Saginaw, Detroit, Grand Rapids, Hopkins tp., and small-pox at East Saginaw and South Boardman.

HENRY B. BAKER, *Secretary*.

Lansing, Michigan, March 5, 1885.

FOREIGN CORRESPONDENCE.

BERLIN LETTER.

BERLIN, Feb. 24, 1885.

The Abdominal Surgery of Dr. A. Martin — Parametritis and Perimetritis — Cocaine in Reflex Neuroses — Litholapaxie — Emmet's Operation — The Lepra Bacillus and Bacilli in General.—The results of Dr. A. Martin's abdominal surgery, under the strictest antiseptic precautions are as follows: He has extirpated the kidney eleven times with four deaths; 105 ovariotomies with four deaths, one only being from sepsis. Out of sixty laparotomies thirty-one were healed without drainage, and twenty-nine with drainage. Of the thirty-one cases without drainage the mortality was 35.5 per cent., seven deaths being from sepsis. Of the twenty-nine cases treated with drainage the mortality was 24.2 per cent., four deaths being from sepsis. He operated the other day in a case of tubal pregnancy of exceptional interest. The patient was well on to six months, and the whole cyst was excised without rupturing the sac, the fœtal left foot alone protruding. It has been the fashion for many years among German gynæcologists to draw a sharp line of demarcation between *parametritis and perimetritis*, a custom which, happily, is now falling into desuetude. Emmet, practically, stated a far reaching truth in the last edition of his book, in refusing any clinical credence to this differential terminology. The theory of two distinct inflammations of the para-metrium and the perimetrium is not a sound pathological one, and is a very unsound clinical one. In a very popular little handbook, by C. G. Rothe on the disease of women, in high favor among German students, the author admits that there is no clinical distinction whatever, and that the treatment is the same in both cases. The most acute diagnostician will find it difficult to relegate the inflammation to the *cavum pelvis peritoneale*, or to the *cavum pelvis subperitoneale*, and for the matter if that, so far as the comfort and well being of the patient may be concerned, it does not make a particle of difference which peritoneale space is made to suffer. I am glad that one who is recognized as a leader has had the courage to raise his voice against such a meaningless multiplicity of terms. To all intents and purposes the entire profession accepted this view of the case years ago, when they adopted Emmet's treatment by hot water injections. Cocaine, in every possible aspect, was discussed to exhaustion, in the meeting of the medical society here January 14. At the previous meeting papers upon cocaine having been read by Dr. Heymann and by Dr. Schweigger, it was shown to act decidedly upon the sympathetic nerve, and to reduce the amount of blood sent to the part to which it was applied. With this in mind, it was found to be a valuable agent in reflex neuroses, with difficult breathing, such as asthma, etc. In hay asthma, the membrane over the turbinated bones is highly engorged with blood, and the peripheral terminations of the nerves are irritated by pressure—a local application will relieve all the symptoms for twelve hours or more. That it does diminish the amount of blood sent to a given part, is clearly shown in an iridectomy under an application of cocaine. If this remedy, locally applied, shall serve to relieve the severe spasms of hay asthma, its value can never be measured or estimated. At a meeting of the medical society, January 14 and on January 21, the operation of litholapaxy was very thoroughly reviewed and discussed. Dr. Fürstenheim read a paper on a case of litholapaxy, opening with a history of the operations of Civiale, Heurteloup, Thompson, Bigelow and Otis, and going back into the times of Franco von Lausanne, von Pasquier, Gruithuisen and Cornay. He reviewed the discussions at the International Congresses of 1879 and 1881, and also quoted the remarks of Volkmann and Bergmann before the surgical section of Magdeburg: "Dass die Lithotripsie und Litholapaxie Methoden seien, welche in unsere aseptische Zeit überhaupt nicht mehr hineinpassten." He approved the operation and recommended it highly. In the discussion that followed (full account can be seen in Nos. 6 and 7, Berliner

klinische Wochenschrift) Dr. Bergmann said that the operation was a difficult one, and only satisfactory in the hands of eminent specialists; that it was not suitable for the general practitioner; that pieces of stone were liable to be left in the bladder, and in short it was a damning with faint praise all through. The paper and the discussions lasted through one whole sitting and part of another, and both are highly interesting reading. In the *Wochenschrift* for February 16, No 7, there is an article on "Lacerations of the Cervix Uteri, with Pathology and Treatment," by Dr. Felix Skutsch, first assistant of the Gynæcological Clinic in Jena, which is well worth the reading. The operation is not yet a popular one in Germany, and chiefly, I take it, because it has been handicapped with fulsome and illogical enthusiasm. When gynæcologists openly advocate, as did Pallen, in the *British Medical Journal*, 1881, an operation in *every* case of laceration, they injure the very cause they wish to succor. Emmet's operation, in the cases in which he himself would resort to it, is a much better surgical procedure than the cervical mutilation which is a part integral of gynæcological praxis in Germany. The habit of snipping off cervices, or of artistically dissecting out half-moon slices of the anterior or posterior lip, does not seem to me to be a commendable one, and if Emmet's operation was used *more* frequently and the German method *less* frequently, there would be fewer suffering women and many more good-looking cervices than one now sees in the Berlin polikliniks. In connection with Dr. John Weeks, assistant at Emigrant Hospital, New York, and at Dr. Knapp's Eye and Ear Infirmary, I have been much interested of late in bacilli culture—not a matter of any especial difficulty, but requiring time and patience. In this work, in addition to the practical course of Dr. Wolff, we have been much assisted by a little book published last December by Dr. Albert Johne, professor of pathology at Dresden ("Ueber Die Koch'schen Reinculturen und Die Cholera Bacillen"). I cordially commend this brochure to anyone who wishes to make these investigations for himself. The Nährgelatin can be bought here already sterilized, which saves considerable labor. Of particular interest is it to notice the morphological and biological differences between the Finkler-Prior bacillus and the comma bacillus of Koch. Under the microscope they look considerably alike, save that the former are larger and fatter. But in their development there is a very appreciable difference. I hope to carry these cultivations through twelve or eighteen months. I have been able to make some very good slides of phthisis, anthrax, pneumonia, Finkler-Prior, comma bacillus, mic. prodigiosus, etc., etc., at different stages of development, using aniline, fuchsin and methylene blue for coloring. The comma bacillus requires a high power with oil immersion and Abbey condenser. The fascination of this work is so great that one is very apt to become lost to the more practical professional studies, but it is very satisfactory to feel the ability to make off-hand examinations of the sputa of patients supposed to have tuberculosis, or to pursue bacilli culture in the unoccupied office hours. Dr. Paul Guttmann, director of the Moabit Hospital, has an article on the bacillus of lepra in the *Wochenschrift* for February 6, and in the same journal for February 16. Prof. Dr. Th. von Frerichs has an article on the great therapeutic value of the Franzensbad. Some of our countrymen seem to leave their good manners, if they ever had any, far behind them as soon as they land upon foreign soil. A medical man, a graduate of four or five years' standing, recently landed in Berlin, and with a herald of self-imposed titles announced himself to Dr. Lassar. He wished an entire course for himself alone. The doctor had not the time, so he took the liberty of all the courses, hospital, etc., acted as assistant, and was to hand Dr. Lassar, as the necessary honorarium for such extra attention, one hundred marks. He was treated most politely, was a guest in the houses of the assistants, and every facility was extended to him. He entertained the staff with accounts of his large practice—so large, indeed, that he was obliged to come abroad for his health—of the elaborate house he was building; and upon the termination of his course he left Berlin without paying his fees, and without saying adieu to those who had been so courteous. All this was told to me by Dr. Lassar himself at a dinner party recently given by Prof. Gusserow. These things mortify me; I am jealous of my countrymen's honor and of their high professional attainments. H. J. B.

BOOK REVIEWS.

A System of Practical Medicine. By American Authors. Edited by William Pepper, M.D., LL.D, Provost and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania. Assisted by Louis Starr, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Vol. I.—Pathology and General Diseases. Large 8vo, pp. 1094. Philadelphia: Lea Brothers & Co. 1885.

The profession has looked for the appearance of this first volume of the American system of medicine with considerable interest for the past three years. As may be seen from the title page, the editor has selected his contributors entirely from the cis-atlantic writers, and the first volume is a sufficient guarantee that he has chosen wisely. The selection of the authors has been restricted to the United States and Canada, not because of any want of recognition of the importance of the studies of certain special subjects by European investigators, but because it was felt that the proper time had arrived for the presentation of the whole field of medicine as it is actually taught and practiced by its best representatives in America.

The opening chaper of this volume is by Dr. Reginald H. Fitz, of Boston, on General Morbid Processes, an article of ninety pages, comprising a consideration of inflammation, thrombosis and embolism, effusions, degenerations, tuberculosis and mor-

bid growths. The second article is from the pen of Henry Hartshorne, M.D., on General Etiology, Medical Diagnosis and Prognosis, which, on account of the usual masterly manner in which this writer treats his subjects, will well repay careful reading.

Of the third article, Hygiene, by Dr. John S. Billings, it is to be regretted that our limited space will not allow an extended discussion. Dr. Billings is an authority in all matters of hygiene, and whatever he writes on the subject is worth reading; and so little attention, comparatively, is given to this subject by the general profession of this country that we are always glad to call attention to a good article on the subject.

Closely connected with the article just referred to, and immediately following it, is one on Drainage and Sewerage in their Hygienic Relations, by George E. Waring, C.E. Here then, in these two articles, which together do not comprise 60 pages, we have a succinct account of the principles of personal and public hygiene, and the relations of drainage and sewerage to hygiene.

In the second part of this volume we find a discussion of General Diseases, from Specific Morbid Agents Operating from Without. Dr. James H. Hutchinson discusses Simple Continued Fever, Typhoid Fever, and Typhus Fever in 107 pages. These articles are followed by one on Relapsing Fever, by the editor; and this by a paper on Variola, by Dr. James Nevins Hyde, who also contributes the articles on Varicella and Erysipelas. Vaccinia is described by Dr. Frank P. Foster and Scarlet Fever by Dr. J. Lewis Smith. The articles on Rubeola and Rötheln are by Dr. W. A. Hardaway, and those on Malarial Fevers and Yellow Fever are from the pen of the gifted and lamented Bemiss, It seems peculiarly appropriate that his last contributions to the literature of the profession which he loved and adorned, and to which he has added so much, should be published in such a work.

The articles on Parotitis and Pertussis are by Dr. John M. Keating. That on Diphtheria is by Dr. Abraham Jacobi. In view of the prospect of a visitation of cholera to this country, the article on this subject by Dr. Alfred Stillé will be read with great interest, as he may be regarded as one of the few authorities on the subject in America. Two of the most readable papers in this volume, both on account of their historical and clinical interest, are those on Plague and Influenza, by Dr. James C. Wilson, of Philadelphia. In addition to his article on cholera, Dr. Stillé contributes one on Epidemic Cerebro-Spinal Meningitis.

Dr. James C. White contributes the article on Leprosy; Dr. H. D. Schmidt that on Dengue; and the three on Rabies and Hydrophobia, Glanders and Farcy, and Anthrax (malignant pustule), are by Prof. James Law. Dr. B. A. Watson devotes about 40 pages to the discussion of Pyæmia and Septicæmia, and Dr. Wm. T. Lusk gives a most able article on Puerperal Fever. The concluding article, on Beriberi, is by Dr. Duane B. Simmons, of Yokohama, Japan.

It is seen from the above cursory examination of the first volume that the work is most comprehensive in its character. Indeed, it may be said that the whole field of medicine, save obstetrics and pure surgery, has been or will be treated of in detail. In a later volume will be found a chapter on gynæcology, in which will be presented a series of articles by eminent specialists on the subjects of chief importance to the general practitioner. These articles will be written with special reference to the constitutional relations of the subjects and their bearings on associated morbid conditions. As has already been mentioned, puerperal fever is treated of in the first volume. In subsequent volumes will also be found articles on tracheotomy, the diseases of the rectum and anus, and those of the bladder and male sexual organs. Several distinguished specialists will also contribute articles on medical ophthalmology, medical otology, and dermatology. A reference to the articles by Prof. Law will show that in discussing hydrophobia, glanders, anthrax, etc., he has given a full exposition of these diseases as occurring both in man and in the lower animals, thus providing the general practitioner with authoritative information on the points of veterinary science which have a direct practical bearing on morbid processes in man.

As regards the first volume, then, the editor may safely congratulate his collaborators and himself that the work is an eminent success in every respect. And the publishers have nothing to regret as regards the make-up of the book; it bears evidence of their usual good taste and elegance. A most notable feature is the voluminous index to this volume. W. G. E.

BODILY DEFORMITIES AND THEIR TREATMENT. A HANDBOOK OF PRACTICAL ORTHOPÆDICS. By HENRY ALBERT REEVES, F.R.C.S.E., Surgeon to the Orthopædic Hospital, to the East London Children's Hospital, and to the Hospital for Women; Senior Assistant Surgeon and Teacher of Practical Surgery at the London Hospital. 8vo, Pp. xii, 460, with 228 illustrations. Philadelphia: P. Blakiston, Son & Co. 1885. Chicago: W. T. Keener. Price $2.25.

This latest contribution to the literature of orthopædic surgery, is the first of a series of monographs on the various departments of surgery, medicine, and gynæcology, of a comprehensive and concise character. As stated by the author in his preface, with the exception of works on some of the sections of orthopædic surgery, by well-known orthopædic veterans, no book of any authoritative character, *i.e.*, founded on a large special and general experience, has, for many years, appeared in Great Britain. Nor is there, so far as he knows, a work in any language dealing with orthopædics, in its modern sense; and this gap he has endeavored to fill by the work under consideration.

The book is divided into five parts with an appendix. Part I. is devoted to a general consideration of orthopædic surgery, and to rickets, surgically considered. In his general discussion of the subject of orthopædic surgery, the author explains that he has devoted no part of this volume to joint diseases and

other subjects, such as harelip, cleft palate, and plastic surgery generally, which, though properly treated of by some surgeons as orthopædic subjects, are large enough to claim a volume to themselves in this series, without necessarily encroaching on other surgical domains; and he therefore confines himself to the consideration of the pathology, diagnosis and treatment of the deformities of the spine, and of the upper and lower limbs. It may be remarked, however, that he does give a short chapter, each, to deformities of the nose and ear, and to contractions and depressed cicatrices.

In regard to the prophylaxis of deformities, Mr. Reeves calls attention to the value of out-door exercise, and especially to gymnastics; and, also, as regards children, to the faulty positions in sitting, writing, etc., which are so productive of deformities. Holding, as he does, the opinion that local and general gymnastics are valuable adjuncts in the prevention and treatment of bodily deformities, it is quite natural that he should regard Sir James Paget's objections to gymnastics as grounded on misconception. In speaking of the difficulties which sometimes arise in making a diagnosis of spinal curvature, he says: "The importance of having a large experience and knowledge of all branches of our profession before any one has a right to consider himself either a competent general or special practitioner is, in such cases, well exemplified. General knowledge, if sufficiently deep, cannot but make a better specialist. In discussing the treatment of spinal curvature, he lays stress on the importance of instructing parents and the public generally, and school teachers particularly, as to providing properly-constructed desks and stools, and also on the value of well-devised gymnastic exercises, especially in the case of young girls. As a part of the apparatus for the treatment of lateral curvature, he recommends the couch which was described by Mr. Lund in a recent number of the *British Medical Journal*. In this connection, also, he devotes several pages to a consideration of orthopædic gymnastics. In describing spinal instruments, he says he regards them only as valuable adjuncts; if they be trusted to alone, disappointment will be the result. "It must also be recollected that if only the support be worn without appropriate gymnastics, the muscles are not properly exercised, and the atrophy, which naturally occurs in scoliosis, will by their means be assisted to progress." Again he says: "I regard spinal supports as of undoubted value as accessories; but to be of service, they must be applied with sound orthopedic knowledge and surgical discernment; and, moreover, they must be constructed on just mechanico-anatomical principles. Those instruments which act solely on the principle of extension are useless; those which act on the principle of uniform pressure, like Sayre's bandage, are worse than useless, as a rule, because they can never unfold a curve; and, according to my experience, and that of others, they even fail to maintain the extension of the spine which has been produced by the suspension apparatus."

Mr. Reeves again crosses swords with Sayre in regard to his treatment of spinal caries; and we can but think that the non-success of his methods at the Royal Orthopædic Hospital is due to the fact that our English *confrère* has not fully grasped the details of Sayre's methods.

In regard to the treatment of spinal abscesses, he calls attention to the posterior incision operation performed in Germany a few years ago by J. and E. Bœckel, and by Israel and Reclus in France, and more recently in England by Mr. Frederick Treves, who has given anatomical guides for its performance (His paper may be found in the Proceedings of the Medico-Chirurgical Society of London, for 1884). Mr. Reeves has performed this operation in one case with a temporary benefit. Of this method of dealing with spinal abscesses he says that it is quite young and on its trial, but it seems to be a good and rational proceeding in cases in which it seems clearly indicated, although some of the cases in which it has been performed have only been benefited temporarily, and several have succumbed.

Under the head of paralytic equino-varus the author, in referring to the fact that a suitable talipes shoe must be worn for some time, describes and gives a cut of one which, since it answers for all forms of ordinary talipes, he calls the Universal Talipes Shoe. That it meets the requirements is sufficiently attested by the fact that the maker has sold more than five hundred of them to various hospitals since he first called attention to them in the *Medical Times and Gazette*. In severe cases an outside toe-spring is attached, so that the foot can be still further everted. He describes the following operation which he performed in a severe case of old double equino-varus: The patient was a boy, aged eleven. After having anæsthetized him and applied Esmarch's bandage, the left foot was firmly fixed while its inner border was well stretched by an assistant, and the usual tenotomies before and behind the ankle were done. Then the plantar fascia, abductor pollicis, and all tense fascial bands were divided, and considerable force used to rectify the deformity. The foot was immediately put into plaster of Paris in the corrected position; and when, at the end of three weeks, the plaster was removed, it was found that the inversion, though much improved, was not entirely corrected, he divided the other tense bands and the tendo Achillis. Forcible manipulations brought the foot into good position, though the heel could not be brought completely down. The foot was again put up in plaster, and fixed to a back splint with a rectangular foot-piece. For the right foot, after the preliminary tenotomies, an incision two inches long was made on the lower inner border of the foot, and joined at each end by others about an inch long across the sole, and a flap of skin and subcutaneous tissue reflected outwards. The abductor pollicis was thus exposed and pulled inwards, and the tarsal ligaments which prevented correction of the deformity were divided. The plantar fascia was then divided through the opening, and it was found that the inversion could be almost entirely corrected. The tendo Achillis was divided, but the same difficulty in bringing down the heel was encountered. The foot was put up in a flexible metal splint. These operations were eminently successful.

Considering the size of the book, the chapter on genu valgum and osteotomy is very full and complete; and one of the best diagrams in it is one of the bones of the knee-joint, showing the lines of bony section in the various operations of Annandale, Ogston, Reeves, Barwell, Meyer, Schede, McEwen, Chiene, etc. He states that he has followed McEwen's directions as regards the site of the operation in three cases, but in several he has operated from the *outer* side, which modification he considers preferable. In this chapter he again describes his *diaphysial* operation, the first account of which was published by him in the *British Medical Journal* in 1881, since which time he has almost invariably adopted it, and by it has succeeded in correcting severe deformities. It consists in dividing the femur from the *outer* side at the junction of the middle and lower thirds. He does not use Esmarch's bandage in the operation, nor the spray, nor antiseptic dressings; and he makes it a point not to change his chisel unless it becomes blunt. The after-treatment consists in leaving well enough alone, and not removing the plaster until the bone is consolidated, which is usually in four or five weeks. Passive motion of the knee is then resorted to, and the patient allowed to walk on crutches for a short time longer, and then discharged cured. Mr. Reeves gives a table of 493 osteotomies performed by him in the last ten years; there have been no deaths, no joint suppuration, and no anchylosis; all the cases made good recoveries, with good position and motion. He has always used the chisel, and has never removed any bone.

Though we have already said more in regard to this work than our limited space could well permit, we have not given it the space which it merits. It contains a consideration of some subjects which are quite new to works on surgery. The work is evidently written from the standpoint of a general surgeon interested in a special domain of surgery. His treatment of the pathology of the deformities which he considers is especially interesting. In the consideration of club-foot he has adopted a more correct and natural nomenclature and classification than is in common use, and we are glad to see it. In the chapter on the deformities of the nose and ear he describes a new and successful operation for nasal depression, and suggests another for the nasal bones, both of which show great ingenuity. If the succeeding volumes of this practical series are as well written and as instructive as this, the writers may feel assured that they have not written in vain, and the publishers that they are giving each buyer the full value of his money. The book is completed by a good index.

W. G. E.

TOPOGRAPHICAL ANATOMY OF THE BRAIN. By J. C. DALTON, M.D., Professor Emeritus of Physiology in the College of Physicians and Surgeons, New York, and President of the College. Cloth. Vols. I, II and III. Large folios. Philadelphia: Lea Brothers & Co. 1885.

The three large and elegant folio volumes of Dr. Dalton's Topographical Anatomy of the Brain are evidence that he has not retired from active and useful work since he resigned his professorship in the College of Physicians and Surgeons. An authoritative work on cerebral topographical anatomy has long been wanted, and though this subject has been the field of much fruitful investigation, it will still repay the labor of further work and research. Now that the localization of cerebral properties and functions have become prominent factors in neurology, it is more important to know the precise anatomical limits and relations of the corresponding parts, in order that they may be recognized with certainty, and the extent of their morbid alterations more readily determined.

The author has pursued in this work the plan of studying the relations of the different portions of the encephalon by means of successive sections of the entire brain, the sections being made in such close proximity to each other that the continuity of the parts is readily recognized, and hence the structural variations may be followed *seriatim* from one point to another. In the preparation of the plates the views of the brain and brain-sections were first photographed, under the supervision of the author, from fresh specimens prepared by him. Heliotype transfers were then made from the negatives, and the plates printed by the heliotype process. The plates bear ample testimony to the care expended upon them. Accompanying each plate is an outline sketch, made from tracings by Dr. Richmond Lennox, of New York, which renders possible the intelligent explanation of the plate.

With most commendable good judgment the author devotes a great part of his introduction to a description of the methods and apparatus employed for making the brain-sections, for preparing the brain, etc., the remainder being taken up in a short explanation of the nomenclature used in this work; in a description of the external configuration of the brain, of the convexity of the hemispheres, of the insula, the median surface of the hemispheres, and of their inferior surface—in short, a general anatomical consideration of the brain.

The first volume contains ten plates: Series A, The Exterior Convolutions of the Brain; the second, series B, Horizontal Sections; and the third, series C, Vertical Sections, containing fifteen and twenty-three plates respectively. Of the plates and outline sketches we cannot say too much in praise. Besides being most beautifully executed, it is almost impossible that they should be otherwise than faithful representations, as a good camera in the hands of Mr. O. G. Mason, the photographer to Bellevue Hospital, who took the negatives for these plates, very rarely makes a mistake. The plates in the first volume are of the upper surface of the hemispheres, the lateral surface of the brain; the operculum; the insula; a longitudinal section through the gyrus hippocampi and lenticular nucleus; median section of the brain, showing right and left halves; the median surface of the left hemisphere; the inferior surface of the brain; and the inferior surface of the hemispheres. The plates in the second volume are: Horizontal section, thirty millimetres below the upper surface of the hemisphere, and twelve mm. above the corpus cal-

losum; horizontal section, seven mm. above the corpus callosum; section two mm. above corpus callosum; section through corpus callosum and upper part of corpus striatum; section through fornix and operculum; three successive sections through corpus callosum and the commissures; sections through the anterior commissure, the tubercula quadrigemina, the corpora mammillaria, crura cerebri and fourth ventricle; through the optic chiasm and tubar annulare; through the lowermost part of the frontal lobes and Pons; through the temporal lobes and Pons; and throught the anterior, middle and posterior commissures.

The plates of the vertical sections are most numerous—twenty-three representing two vertical sections through the frontal lobes; thirteen sections through the corpus callosum, from the points of the temporal lobes anteriorly to the posterior border of the corpus callosum; six sections through the lobulus graduatus, and one through the ends of the occipital lobes, all the sections being made at intervals of five millimetres, and the plates showing, in each case, the posterior surface of the anterior segment.

In the descriptive part of these volumes, the names commonly used in cerebral descriptive anatomy are retained, as a general rule, as they seem, notwithstanding the frequent incongruity and inaptness of their etymology, to be most serviceable on the whole; most of them are so fixed by usage that it would lead to endless confusion to change them.

Dr. Dalton has given us an excellent work; it is difficult to say whether the plates or the explanatory text are most to be admired. For the student, or for the teacher of cerebral anatomy or physiology, it will be an invaluable aid, easily dividing the honors with Allen's System of Anatomy. When we have said that the general "get up" of this work is a little better than the usual style of the well-known publishers, we have said all that can be said. W. G. E.

PYURIA; OR PUS IN THE URINE, AND ITS TREATMENT, comprizing the diagnosis of acute and chronic urethritis, prostatitis, cystitis and pyelitis, with especial reference to their local treatment. By ROBERT ULTZMANN, Professor Vienna Polyclinic. Translated by WALTER B. PLATT, F.R.C.S. New York: Appleton & Co., 1884. Pp. 98.

This is a small volume, giving a very fair outline of the Vienna method of diagnosing and treating gonorrhœal troubles and pyelitis. It is particularly valuable from the standpoint of critical diagnosis. The main conclusion to be derived from reading this little book is that German practice is in substantial accord with American in the treatment of chronic gonorrhœa, and has in fact followed it.

We find here a complete recognition of the presence of inflammation in the deep layers of the urethra, constituting what Otis calls "strictures of large diameter." The writer adopts the latter's views as to the use of large instruments, etc., with proper credit to Prof. Otis.

The closing chapter is devoted to the therapeutics of pyuria, and contains numerous formulæ and suggestions of value. E. W. A.

LECTURES ON THE PRINCIPLES OF SURGERY. By W. H. VAN BUREN, M.D., LL.D., formerly Professor of Surgery, Bellevue Hosp. Med. Coll., etc., etc. Edited by LEWIS A. STIMSON, M.D., Prof. Surg. Univ. City of New York. New York: D. Appleton & Co., 1884. Pp. 588. Jansen, McClurg & Co., Chicago.

This is a posthumous work of the late eminent Dr. Van Buren, and consists mainly of his college lectures, for which he was justly celebrated. Prof. Stimson has made only verbal changes in the text, leaving each lecture just as it was delivered or read in its final form. Many of these, we are told, were worked over assiduously, having been written and re-written several times, and much improved, in the last fifteen years of his life.

This work must have especial value to former pupils of Dr. Van Buren. It is not a complete treatise and contains but few wood cuts; it is nevertheless a systematic course in surgery, and would serve as a good introduction to surgical literature for students. Some might find it incomplete, however, for final examinations. The style of these lectures is attractive, as are all the writer's books, and to most practitioners it would be useful as a reference book.

E. W. A.

AN INTRODUCTION TO PATHOLOGY AND MORBID ANATOMY. By T. HENRY GREEN, M.D. London. Fifth American, from sixth English edition. Illustrated. Published by H. C. Lee's Son & Co., Philadelphia.

This book, in its several editions, is so well known to the profession that an extended notice is unnecessary. It is one of the most readable text-books on the subject. Numerous additions and changes have been made in this edition. The introductory chapter, and those on tumors, regeneration, septicæmia, pyæmia, and vegetable parasites, have been written by Stanley Boyd. New illustrations have also been added to this edition.

The work does not cover as much ground as Ziegler's or Coats' recent pathologies. It, however, considers general pathology with fullness. This edition will undoubtedly be received with the same welcome by the profession as have been the others.

THE ELEMENTS OF PATHOLOGY. By EDWARD RINDFLEISCH, M. D. Translated from the first German edition by Wm. H. Mercur, M. D. Revised by James Tyson, M. D. Published by P. Blackiston, Son & Co., Philadelphia.

This little volume is not intended to be a complete treatise on pathology, but rather "to establish the natural groundworks" of the science. Pathological histology is not here treated of, but rather the functional changes which precede anatomical changes. The relation of lesions to each other is made especially plain.

The work is excellent and forms a valuable companion book to the usual text-books on pathology. It covers ground with which it is desirable that all students should be familiar, and which is not so fully discussed in other text-books.

MISCELLANEOUS.

HARVEY'S MANUSCRIPT LECTURES.

TO THE EDITOR OF THE LANCET:

Sir:—The MS. of the original lectures at the Royal College of Physicians by William Harvey, including his earliest observations on the heart and circulation, and delivered by him in and after 1616, were rediscovered in the British Museum in 1877. I gave a description of the little book, and exhibited an autotype copy of one page in my Harveian oration at the College in 1877. I then suggested that it would redound to the honor of the present generation, and be an advantage to the history of medicine, if the whole of the lectures could be published in autotype, accompanied by an intelligible transcript. The handwriting is so crabbed, and there are so many abbreviations, that no one but an expert could succeed in understanding them. Without the valuable aid of Mr. Bond, now the chief of the British Museum, I should have failed in my attempts to understand much, if anything, of the lectures. By dint of severe labor Mr. Bond succeeded in interpreting one of the lectures, and has now been good enough to make me acquainted with a gentleman who will undertake to transcribe the whole of the lectures. My inquiries lead me to believe that no publisher could be found to undertake the risk of publication in the form proposed, unless guaranteed a certain amount of professional support. On the other hand, I calculate that if from two to three hundred gentlemen would engage to each take a copy at a price not exceeding two guineas, the work might be safely proceeded with. Autotyping is a much more expensive process than ordinary printing, and the honorarium to the transcriber would necessarily add considerably to the cost.

May I ask your permission to submit the question to my professional brethren through your journal whether they will aid in this labor of love of, and admiration for, our great prototype of the scientific physician? I am permitted to state that the Presidents of the Royal Colleges of Physicians and Surgeons warmly support the undertaking.

I am, sir, your faithful servant,

EDWARD H. SIEVEKING, M.D.

17 Manchester Square, W., Feb. 2, 1885.

P. S. Any communications on the subject may be addressed to me, or to Messrs. Churchill, 11 New Burlington street, W.

A NEW SEPTIC ORGANISM.—At the meeting of the Royal Microscopical Society, on February 11, Dr. Dallinger gave his presidential address on a new septic organism. It is a monad, which he has observed in an infusion of rabbit in which a piece of codfish had been macerated. It is a very small, oval organism with six flagella, two on each side and one at each end, measuring about one ten-thousandth part of an inch in length, and about half that in breadth. It could be seen sweeping and destroying putrescible matter, increasing, at the same time, very rapidly in numbers. Besides dividing by fission, it also multiplies by producing spores, after the apparent conjugation of two individuals; one being applied to the other, and the two being gradually fused together. The resulting organism was swollen, and its protoplasm soon became broken up into minute granules. It still continued to swim about, however, but after a time its motions became slower, and it could be seen to drop a continuous stream of granules, the spores, and ultimately to die and disappear. The development of these granules into the adult monads could also be traced.—*British Medical Journal*, February 21, 1885.

AMERICAN MEDICAL ASSOCIATION—SECTION OF PRACTICE OF MEDICINE AND MATERIA MEDICA.

HOTEL AUBRY,
BOSTON, MASS., March 5, 1885.

DR. N. S. DAVIS:

Dear Sir:—Will you please insert this card in your journal: Gentlemen desiring to read papers before the medical section at the meeting of the Association in New Orleans next month, will confer a favor by reporting the titles of their papers as soon as possible. Very respectfully yours,

G. M. GARLAND,
Secretary of Medical Section.

COLLECTIVE INVESTIGATION IN GERMANY. — The *British Medical Journal* states that the results of the attempt to obtain information by means of an organization similar to the Collective Investigation Committee of the British Medical Association, under the auspices of the Medical Society of Berlin, have been published, and they certainly show that the medical practitioners of scientific Germany are, if anything, less easily aroused to participation in such work than their brethren in practical England.

Although the immediate scientific results of this method of collecting information may not be great, the indirect educational value of the organization is immense, and if persevered in must lead, first, to a wider interest in scientific problems; and secondly, to a much more extensive and intelligent coöperation in the work.

AMBULANCE CLASSES IN SCOTLAND.—At Lockerbie, in Dumfriesshire, Scotland, an ambulance course has been arranged for women, and another for men; there are fifty in the women's class, and almost one hundred in the men's. They are under the auspices of the St. John's Ambulance Association.

MEASLES IN NEW YORK.—The *Medical Record*, of March 7, states that during the past four months there have been 2,152 cases of measles in New York, with 402 deaths.

THE MARY FLETCHER HOSPITAL.—Mrs. Mary Fletcher, of Burlington, Vt., who founded the hospital which has her name, died recently, and left $200,000 to it.

PLEURO-PNEUMONIA IN MISSOURI.—Advices from Fulton, Mo., of March 7, state that pleuro-pneumonia has developed in a herd of Jersey cattle belonging to the State Lunatic Asylum at that place, and that eight cows have died within a month and others are sick.

It is alleged that the infection was communicated by a bull purchased last July in Peoria, Ill. As soon as the animal was known to be infected it was isolated from the herd, but the contagion had spread with the above results.

Dr. Trumbower, of the Agricultural Department at Washington, has been in Fulton for several days and made a thorough examination of the herd. He declares that the disease is pleuro-pneumonia, and advises the killing of the entire herd. Effective measures will be immediately taken to prevent the spread of the disease outside of the herd affected.

AN IMPORTANT CHANGE IN ASYLUM ADMINISTRATION.—The *Medical Record*, of February 7, states that the managers of the Morristown, N. J., Insane Asylum have decided to place the business management of the Asylum in the charge of a warden, and to put the medical department under the care of a "competent alienist of advanced views, to be called the Medical Director," with four medical assistants. This change, says the *Record*, is a radical and significant one. Its success depends upon whether the warden and the medical director can work together harmoniously.

BELLEVUE HOSPITAL MEDICAL COLLEGE.—At the commencement exercises of this college, held on Monday, March 9, one hundred and thirty-four graduates received the degree of Doctor in Medicine. The address to the graduating class was made by Mr. Andrew Carnegie, who recently gave the college $50,000 with which to build laboratories.

MEASLES IN MONTREAL.—Reports from Montreal state that a severe epidemic of measles is now prevailing in that city. Adults as well as children are among its victims.

THE UNIVERSITY OF NASHVILLE.—The commencement exercises of this institution were held on February 26. The graduating class numbered one hundred.

THE MEMPHIS HOSPITAL MEDICAL COLLEGE.—The fifth annual commencment of this college took place on the evening of February 25. Thirty-three graduates received diplomas.

STATE SANITARY INSPECTION.—In connection with our editorial on this subject, we beg leave to call the attention of the State Board of Health to the fact that fourteen grown colored people, male and female, are living in a hovel, 12x16 feet in size, in Bloomington, in this state.

THE COLLEGE OF PHYSICIANS AND SURGEONS, of Chicago, held its third annual commencement exercises on Tuesday, March 10. Sixty graduates received the degree of Doctor in Medicine. The doctorate address was delivered by Prof. J. J. M. Angear. In the evening a banquet was given at the Sherman House.

THE INDEX MEDICUS.—The *Maryland Medical Journal* says that it is stated that the *Index Medicus* will be published by George S. Davis, of Detroit.

THE UNIVERSITY OF LOUISVILLE.—The commencement exercises of the medical department of this institution were held on the afternoon of Tuesday, March 3. The degree of M.D. was conferred on seventy-four graduates.

THE SOUTHERN PLAGUE IN SOUTH CAROLINA.—The daily papers state that what is reported to be a disease similar to that which carried off so many people in Kentucky and West Virginia last fall has broken out in Lancaster county, South Carolina, on the border of North Carolina. The disease first appeared in the family of R. W. Draffin, and the wife and four children died. Only Draffin and a son survive. The disease has attacked thirteen people in the neighborhood of Draffin's, and is spreading. Its first appearance is in the shape of violent nausea and bloody flux, and severe gripings quickly follow. The pain is intense, and the disease generally causes death within three days from the time it seizes its victim.

The presence of a disease of so alarming a character has naturally created much excitement among the people, and as Lancaster county adjoins Mecklenburg, North Carolina, some apprehensions are felt there also. Eight or ten doctors have visited the vicinity where the epidemic is raging, and they pronounce the disease unlike anything they have ever seen.

COCAINE IN VAGINISMUS.—Two or three cases have been reported, says the *Boston Medical and Surgical Journal*, of March 5, in which cocaine has been used with good results in vaginismus. The temporary character of the anæsthesia was yet sufficient to allow of impregnation, which had before been impossible.

THE WEST VIRGINIA BOARD OF HEALTH LAW.—It is stated that an effort is being made, by some who have been debarred by the action of this law, to induce the present Legislature to repeal the same. There is, however, slight probability that it will be done.

PROFESSOR JOHN W. MALLETT, who was elected to fill the vacancy in the chair of chemistry in the Jefferson Medical College, caused by the death of Professor Rogers, has resigned his position and has been reëlected to his former chair of chemistry in the University of Virginia.

ADDITIONAL FACTS IN REFERENCE TO RAILROAD RATES TO THE NEXT MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

Rates for New Orleans are now definite and fixed, and fortunately they are very low, being based upon a round trip rate of $20 from Chicago, $15 from St. Louis, and a correspondingly low rate from Cincinnati, Louisville, Nashville, Memphis, several cities throughout the East, and doubtless from other points. Physicians, and members living in the north and northwestern states, adjacent to the Illinois Central railroad, desiring tickets for themselves and families, can be furnished to coupons stations, or rates may be had at any point upon application to the ticket agent who will obtain same from his General Passenger Agent, which will be good for thirty days with stop-over privileges.

In this connection it may be well to state that living expenses in New Orleans vary considerably. Good cleanly accommodations can be secured for $1.50 or $2 per day. In some instances, as we have been informed, this will include breakfast and supper. A special excursion has been arranged to leave Chicago on the above named road, Saturday evening, April 25, at nine o'clock, which will run direct (without change of cars), to New Orleans in thirty-six hours. Several minor excursions have also been arranged for, at a nominal expense, to occur during your "stay" in the crescent city, among which will be a delightful "trip" along the Gulf coast to Mobile, passing Biloxi the oldest city on the coast, Pass Christian, an elegant resort, and other points of special interest. Ample time will be given at Mobile to visit places of national historical interest. A trip to the historic city of Vicksburg is contemplated, also a *sail* down the "Father of Waters." The World's Fair will undoubtedly repay one most profitably in a thorough visit to this great center of attraction; but in viewing all the many sights before you, we trust the various sessions of the meeting will be largely attended and the discussions spirited, and participated in by all who attend them.

THE STATE MEDICAL SOCIETY OF ARKANSAS.—The tenth annual session of the State Medical Society of Arkansas will be held at Little Rock on Wednesday, Thursday and Friday, April 22, 23 and 24, commencing at 10 A.M.

Each county or municipal society shall be entitled to one delegate for every five members and one for a fraction over five.

The subjoined are the committees to report at the meeting:

Committee on Medical Education.—W. N. Yates, chairman; A. B. Moore, H. B. Williams, W. P. Hart, W. A. Amis, D. S. Drake, L. Kirby, W. A. C. Sayle, E. H. Alexander.

Committee on Practice of Medicine.—J. J. McAlmont, chairman; J. A. Dibrell, Sr., T. D. Nichols, D. C. Ewing, J. F. Simmons, H. H. Turner, J. P. Mitchell, I. Fulsom, J. D. Jordan.

Committee on Surgery.—W. B. Lawrence, chairman; E. R. Dibrell, J. F. Blackburn, A. P. George, J. M. Keller, G. W. Hudson, J. D. Jordan, R. G. Prewitt, A. J. Vance.

Committee on Gynæcology.—R. S. Wallis, chairman; A. J. Pulliam, J. T. Jelks, R. N. Ross, J. S. Shibley, G. C. Head, C. L. Kirksey, D. S. Williams, A. B. Loving.

Committee on Medical Legislation.—Z. Orto, chairman; P. O. Hooper, W. B. Welch, E. R. DuVal, A. N. Carrigan, F. G. McGavock, R. G. Jennings, A. A. Horner, W. H. Hawkins.

Committee on Necrology.—D. S. Mills, chairman; A. N. Hathcock, N. T. Thomason, T. J. Draper, D. S. Drake, J. N. Glover, S. W. Allen.

Board of Visitors to the Medical Department of the Arkansas Industrial University.—J. M. Keller, chairman; Z. Orto, W. W. Hippolite, W. J. Watkins, W. A. C. Sayle.

Committee on Publication.—L. P. Gibson, ex-officio chairman; T. E. Murrell, J. A. Dibrell, Jr., R. B. Christian.

Delegates to American Medical Association.—P. O. Hooper, chairman; J. M. Keller, D. C. Ewing, T. E. Murrell, R. G. Jennings, J. R. Dale, J. T. Jelks, J. A. Dibrell, Sr., W. N. Yates.

Committee on State Medicine.—W. W. Hippolite, chairman, Prairie county.

Special Committee on County and Municipal Societies.—L. P. Gibson, ex-officio chairman.

Secretaries of local societies are requested to forward as soon as possible a list of the delegates. Arrangements will be made by which reduced rates can be obtained by all who attend the meeting. Hence, those who intend to be present, whether already members or not, will please notify the Secretary at once, so that a certificate may be forwarded them in order to obtain the reduction.

Members who desire to attend the American Medical Association at New Orleans will please notify the Secretary as soon as possible, so that arrangements may be made for reduced fare, etc.

L. P. GIBSON, M.D., *Secretary.*

PROFESSOR OGSTON has recently offered his services to the British government in connection with the Soudan campaign, and a large number of medical students have offered to accompany him. The War Office, while thanking Dr. Ogston, intimated that it will not require the services of civilians.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, UNITED STATES ARMY, FROM FEBRUARY 28, 1885, TO MARCH 6, 1885.

Byron, Chas. C., Major and Surgeon, ordered to Department of the East on expiration of his present leave of absence. (S. O. 50, A. G. O., March 3, 1885.)

Ewing, C. B., First Lieutenant and Assistant Surgeon, having relinquished unexpired portion of leave of absence, ordered for temporary duty in the field. (S. O. 23, Department of Missouri, March 2, 1885.)

Raymond, Henry I., First Lieutenant and Assistant Surgeon (recently appointed), ordered for duty in the Department of California. (S. O. 50, A. G. O., March 3, 1885.)

Woodruff, Ezra, Captain and Assistant Surgeon, ordered for duty at Fort Maginnis, Montana Territory. (S. O. 23, Department of Dakota, February 25, 1885.)

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE WEEK ENDING FEBRUARY 28, 1885.

Purviance, George, Surgeon, granted leave of absence for one week. (February 24, 1885.)

Kalloch, P. C., Assistant Surgeon, when relieved to proceed to Pittsburgh, Pa., and assume charge. (February 27, 1885.)

White, J. H., Assistant Surgeon, to proceed to Savannah, Ga., and assume charge. (February 24, 1885.)